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ABSTRACT

This document contains three issues of the 2002 Australian Network for Promotion, Prevention and Early Intervention for Mental Health newsletter. The newsletters disseminate information about the national and local initiatives for intervention and prevention of mental health problems. They also provide information on upcoming workshops and conferences to assist with ongoing professional training for mental health professionals. Guest editorials and articles include "Walls without Bricks: Social Connectedness and Social Exclusion" (Lou Morrow); "Spirituality and Suicide Prevention" (Graham Martin); "Building Healthy Lives: Partnerships to Promote Aboriginal Child Health and Wellbeing and Family and Community Resilience" (A. Robson and S. Silburn); "The Djirruwang National Indigenous Mental Health Pilot Project: Addressing Promotion and Prevention" (A. Basseer Jeeawody and Jane Havelka); "Are We Approaching Mental Health in the Right Spirit?" (Craig Hassed); "Self-Injury as Meaning" (Megan Johnston); and "Self-Injury in Context" (Graham Martin). Model projects for intervention are detailed and reviews of books and other resources are presented. (GCP)

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Auseinetter
2002

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USEINET - Australian Network for Promotion, Prevention and Early Intervention for Mental Health

PPEI

BEAUFORT CLINIC

Auseinetter

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national mental health strategy

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LiFe
Living is For everyone

Cover Description

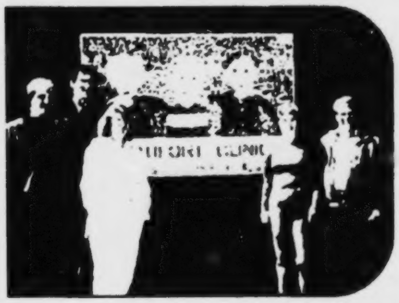
Beaufort Clinic Mosaic

(front cover)

This mosaic features on the outside wall at West Adelaide Beaufort Clinic, South Australia and is the result of nine weeks work by consumers and staff of Western Day Programs.

The mosaic project was developed from an idea by an existing group and the overall aim of the project was to increase the profile of mental health services and the awareness of mental health issues in the community. The mosaic was launched during Mental Health Week 2001, along with an art exhibition that showcased the work of many participants. The three people represented within the design represent warmth, care, openness and acceptance.

Importantly, the project provided consumers with the opportunity to develop team work, creativity, practical skills and self assurance and created a positive and healthy image of mental health that is visible within the community.



Project Participants

The Beaufort Clinic Mosaic is one of many pieces of creative endeavour - including poetry, prose, photography and painting - submitted for selection in Auseinet's Mental Health Promoting Stories publication. The publication committee for this monograph are currently selecting works for inclusion - the finished product will be launched at the Auseinet Forum *"Putting It All Together"* to be held in Adelaide on 15 - 17 September 2002.

Comment -

Jennie Parham - Project Manager

In the last few months, since the previous issue of Auseinet, I have continued on my travels to each of the states and territories and in particular to conduct the consultations around issues associated with the implementation of the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000. What has impressed me as I have travelled around is the remarkable work being done in very different contexts throughout Australia. The one thing that is continually highlighted is the importance of sharing experiences and learnings, information and resources, successes and failures and what works and what doesn't. It is in the 'doing' that the real struggles emerge. It is my hope that Auseinet continues to support people in this endeavour.

I would like to take the opportunity to invite you all to participate in a **National Forum** on Promotion, Prevention and Early Intervention that Auseinet is hosting from September 15-17th, 2002 in Adelaide. With the theme of **"Putting it all together"**, the forum will provide an opportunity to reflect on the story so far and address the challenges that lie ahead. Its intent is to go beyond the rhetoric and unpack the 'real' issues and challenges facing individuals, groups, organisations and governments in moving forward in achieving a mentally healthy society. Keep an eye out on the Auseinet web site and in the next issue of Auseinetter for more information as the program develops.

The Auseinet national team continue to be very busy working on various projects. In particular I would like to draw your attention to two of these.

Remuneration for Consumer Participation in Mental Health Project

Consumer participation in mental health services is increasing and policy frameworks have been developed to support this. It appears however that remuneration practices for consumer participation are less consistent. Auseinet in collaboration with the Australian Mental Health Consumer Network is undertaking a research project aimed at analysing the remuneration practices for consumer participation in mental health services in Australia with a view to developing some guidelines. This project will consist of a survey which will be disseminated to both key mental health agencies and consumers across Australia. There will be follow up focus groups with consumers in each state and territory. If you have not received a copy of the survey and wish to participate in this research, then the survey is downloadable from the web site. For further details about this project, contact Chris Alliston.

The Australian e-Journal for the Advancement of Mental Health (AeJAMH)

I am delighted to announce that the first issue of the e-journal is now available on-line on the Auseinet web site. This is a very exciting initiative and I would like to congratulate in particular, Lou Morrow for all her hard work in getting this first issue up and running. We hope that with the distribution of our two regular publications AeJAMH (online) and Auseinetter (print and online), we will provide readers with a broad spectrum of informative, challenging and relevant content across a range of PPEI related issues and state and territory project initiatives.

We also believe that the exchange of information that takes place via these publications and other project activities will support the networks essential for information sharing between consumers, carers, practitioners, researchers and policy makers – in fact all those with an interest in healthy communities.

Editorial: Professor Graham Martin

Resilience: 'The Ability to Bounce Back From Adversity'

The Monograph on Promotion, Prevention and Early Intervention for Mental Health (2000) suggests that mental health promotion is not exclusively a "Universal" preventative activity to be used only prior to the emergence of risk factors for, or the first symptoms of, mental illness. Rather it is a set of theoretical perspectives and methodologies to be applied both across the lifespan (Monograph, 2000), and across the "spectrum of intervention" (Mrazek and Haggerty, 1994). Mental health promotion can be directed purely to the development of aspects of health. Alternately, it can be seen in a more targeted way as enhancing protective factors or reducing risk factors; this is the more common view in the literature given the 'driver' of the costs of ill health to the community, and the need to find ways of reducing the burden of mental illness.

Part of the problem in definition of Mental Health derives from initial conceptualisations that health and ill health were part of a single continuum (Kendall, 1994). If this were so, those with life-long illnesses such as Bipolar Affective Disorder would be precluded from ever gaining or re-gaining mental health, and would be further stigmatised. More recent conceptualisations prefer a bipolar explanation for health and illness (Canadian Task Force) or even two separate (if linked) continuums (Martin, 2001).

Most mentally healthy people are resilient, and recent research has demonstrated that resilience building in a healthy whole school environment may be even protective of suicidal thoughts and behaviours in young people (Resnick et al., 1997). Resilience appears to develop best in the context of a safe nurturing environment, but there are those who survive hardship, adverse parenting, abuse and ill health. They, too, are resilient and differ from non-resilient young people on a wide range of parameters.

Separating health from illness is particularly important in mental health work with children to combat pessimism in the child, families and workers. Children are only part way along a developmental trajectory, and while in some cases childhood mental illness is known to

continued on page 4...

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Einet Discussion Group

Have you subscribed to the Auseinet email discussion list? Members of the Einet list post a broad range of information relating to all aspects of mental health promotion, prevention and early intervention, including suicide prevention. Members of the Auseinet team will also be using this list as a way of communicating with a range of individuals interested in these issues on a regular basis. To subscribe, please email **majordomo@auseinet.flinders.edu.au** In the text write "subscribe einet" in the mail message body.

have a continuity to adult illness, this is not invariable. Accurate treatment, if combined with carefully tailored programs to assist the child 'back on track' is likely not only to reduce the length of an episode, but reduce the sequelae as well as the possibility of later relapse. Given the child's dependent state such programs need to be directed to the family, the school and the community, and have to be predicated on the belief that there is still time and opportunity to develop health promoting feelings, thinking and behaviours which will protect against the sequelae of adverse life events including the sequelae of further episodes of illness.

It is a sad fact that many young people from age 4-18 years are admitted to psychiatric units each year. In addition, child psychiatrists, paediatricians and general practitioners may admit to other public hospitals outside the metropolitan area, as well as to private facilities in both the metropolitan and rural areas. For instance, many children are admitted with the psychosocial sequelae of physical illness (particularly chronic illness such as diabetes). This group forms a recurring annual population at major risk, they are more likely to come from socio-economic disadvantage, broken homes, parental unemployment, adverse parenting styles, a history of abuse or recurrent trauma. Psychiatric ill health and admission to psychiatric hospital provides further difficulties to overcome.

A preliminary literature search produced 231 articles and references related to rehabilitation of children. The majority of these related to physical ill health, disability such as blindness and physical handicap. A large number of papers related to recovery after sexual abuse. Only five papers could be found related to rehabilitation of children after admission for psychiatric illness (Bickman, 1996; Bradley & Clark, 1993; Jerrell, 1998; Joshi & Rosenberg, 1997; Szajnberg & Weiner, 1996). This is clearly an issue which has not received anywhere near the attention it deserves.

A consultation with key professionals suggests that while every effort to assist resettlement into family and community is made on a case by case basis, no routine, manualised program exists for rehabilitation of children after a hospital admission for psychosocial or psychiatric problems. Inadequate rehabilitation is likely to lengthen episodes of ill health, reduce acceptance of the child back into the family, the school and the community, increase the likelihood of educational and social difficulties as a response to an episode of ill health, increase the likelihood of stigma for the child, and increase the possibility of relapse.

The literature suggests that the most successful mental health promotion programs include multiple strategies delivered through multiple channels in multiple contexts. Multiple targets would include the child, the family, the school and the community.

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Walls Without Bricks: Social Connectedness and Social Exclusion

Lou Morrow – Project Officer, Auseinet

Making mental health promotion everyone's business is a fuzzy but urgent affair, thrown into sharp relief recently as we witness the confluence of distressing national and global events. In referring to national events I am referring to our nation's actions towards people seeking asylum, which was played out on the world stage in August (and beyond) through what became known as the Tampa crisis. Since September 11th 2001, we have a common perception that we are somehow facing a defining moment in our history and in the geopolitics of our existence. In the 21st century our actual and potential wellbeing is increasingly influenced by global events. Yet we have been witnesses, both in Australia in our communities, towns and cities, and around the world, to the conditions that permit the growth of injustice, inequality, anger and hatred for far longer than September 11th or far longer than last August.

There is an explicit connection between the confluence of national and international events and our collective and individual mental health.

> ***"Human beings always live in groups. Groups in turn cannot be understood except in their relation to other groups and in the context of the conditions in which they exist. We cannot isolate biological, social, cultural, and economic factors... mental life is the expression of all these forces..."*** *(Foulkes 1975, p.37)*

A more recent expression of this connection, to that of Foulkes (1975), is contained in a study conducted by public health researchers in a reunified Germany following the demolition of the Berlin Wall (Heon-Klin, Sieber et al. 2001). The demolition of the wall in 1989, was the result of largely peaceful demonstration by Germans (both East and West) after the Cold War, and was, and is still, hailed as a joyous and emancipatory event. The researchers found that a profound cultural schism continues to divide the people and is manifested by alienation and poor mental health of

East German people, (the group with less power in the scramble to enter the highly competitive Western market economy and culture of West Germany). The researchers argue that the intergroup alienation has become entrenched through the continuation/exacerbation of difference, lack of social cohesion and inequality between (formerly) East and West Germans and affects the health and wellbeing of citizens directly. They argue that while the demolition of the Wall, the instrument and symbol of partition, makes reintegration possible, the evolution of an inclusive common culture will not be assured without intervention via an active process and policy of cultural and social exchange and reintegration (Heon-Klin, Sieber et al. 2001).

It seems to me that we have been erecting quite a few (more) of our own symbols and instruments of partition lately. In the recent Federal election in Australia we have seen the triumph of populism holding hands with racism and the creation of "Fortress Australia" at our borders by unpopular politicians (Kalantzis 2001). However, this cultural and political divide has been evident long before the recent creation of punitive and dehumanising policies towards people seeking asylum. The walls of THE asylum (the bricks), torn down as we have professedly deinstitutionalised, have been replaced. Gated communities flourish in the suburbs. Stigma, discrimination and prejudice towards people with a mental illness have not diminished but are structurally entrenched. So what exactly does social connectedness, inclusion and belonging, as espoused values mean, and have to mean in practice, in this melting pot of contexts, issues and groups? This is an especially important issue in troubling current directions in mental health care. While much emphasis is placed on partnerships little attention has been paid to conflicting values of key players, or hierarchies of disadvantage within those partnerships. Despite the amassed evidence of the links between poverty, unemployment and mental illness there is little commitment to policies which focus on disadvantage and social exclusion. Important and troubling social matters (eg intolerance of difference) are increasingly inscribed in a growing number of DSM categories - as problems of the individual, yet contexts - that is to say social, political, economic and cultural realities - should be central to our understandings of mental illness and to how social connectedness can impact on such complex realities.

In devoting the World Health Report 2001 to mental health, the World Health Organization is making a statement. "Mental health - neglected for far too long - is crucial to the overall well-being of individuals, societies and countries and must be universally regarded in a new light" (World Health Organization 2001).

Challenges to the Promotion of Mental Health

Mental health is the embodiment of social, emotional and spiritual wellbeing. It provides individuals with the vitality necessary for active living to achieve goals and to interact with one another in ways that are respectful and just. *VicHealth (1999)*

Despite my sense that the promotion of positive mental health is an urgent business there are significant cultural and other challenges to face. Within our own rich economy, rich by world standards, there is a growing divide between rich and poor, underclasses living in poverty, or disenfranchised with little to hope for (Brotherhood of St Laurence 2001). Poverty, unemployment, low educational levels, deprivation and homelessness affect growing numbers of people, both in rich and poor world economies. Common mental disorders such as depression are twice as frequent among the poor as among the rich (World Health Organization 2001).

There are significant forces aligned against a larger cultural project of the promotion of mental health. I would like to elaborate on some of these.

Stigma, Discrimination and Exclusion

Negative stereotypes, invisibility and exclusion are continually perpetuated in all aspects of our social context and people with a mental illness or mental health problem continue to experience discrimination in all aspects of social life, in the media, workplaces, schools, health settings and in access to health care. If I were to experience a severe depressive illness, for instance after events like relationship breakdown, loss of employment, bullying at work, violence or trauma etc, I have no doubt that my life would change dramatically - not just as a result of any of the disabling effects that depression might have but in the way my social existence would be changed directly as a result of stigma and shame associated with mental illness in our society.

We are all quite familiar with the extremely powerful role media takes in all of its forms as both a creator and messenger of cultural values. To take a couple of examples just in the last few months. An advertisement running on Adelaide prime time TV for a CD sale by a music store conveys madness as a person in a straightjacket looking very deranged. The only connection between the image and the sale of CDs is that the announcer says it would be madness to miss the sale! Another television advertisement for SGIC health insurance depicted an array of quite healthy, glowing, multicultural Australians with broken legs, and bandages on bits and pieces of their bodies combined with the message "SGIC - When your body needs help". At best a missed opportunity for a message that says health means mental health too, but in effect a perpetuation of the cultural shame, fear and ignorance surrounding mental illness.

We have a national Workcover insurance system combined with strong Occupational Health, Safety and Welfare legislation. I imagine few people would hesitate, if they broke their leg at work, to rely on Workcover provisions in order to sustain themselves. However if they are experiencing panic attacks, anxiety or traumatic stress following sustained bullying at work may even be advised out of making a Workcover claim by their own advocates eg a union representative or GP. A recent Australian study concludes that 30% of people attend their GP as a result of work related mental health issues and the VicHealth study of Victorians' attitudes to bullying found 91% of those people surveyed had been subjected to bullying in one or more aspects of their lives (Moodie 2001).

I do not give these examples to in any way diminish the drastic exclusion, poverty, discrimination and marginalised existence that are the consequences of these cultural attitudes for people with a chronic and enduring mental illness such as schizophrenia but to highlight them. As Sayce comments, often for those so affected these dimensions compound such that "... life is a series of interlocking, often mutually reinforcing exclusions" (Sayce 2000, p.5).

Invisibility and exclusion, or trivialising and hurtful representations are particularly powerful ways in which multiple cultural divides are maintained, more so when combined with racism, sexism, homophobia, ageism and intolerance of difference. We as a nation have some dubious distinctions in this regard. Indigenous people in Australia are among the most researched in the world (Thorpe and Hall 2000). Yet it is particularly sobering to know that Indigenous young people have a suicide rate 2 to 4 times higher than non-Indigenous young people and are among the highest rates of suicide recorded in international literature (Commonwealth Department of Health and Family Services 1997).

The Rise Of Biologic Psychiatry

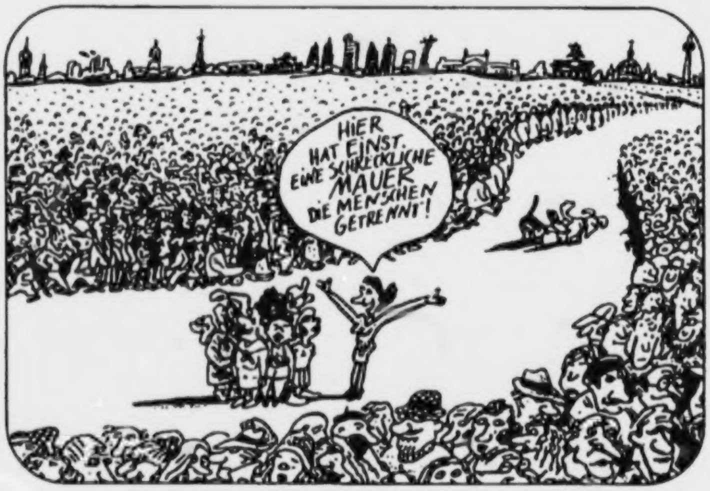
The unquestioning confidence in biologic explanations of mental illness after the US declared the Decade of the Brain in 1990, and advances in brain biology research, is truly staggering. Biologic/genetic determinism combined with a cultural belief in unlimited scientific progress is emerging as a powerful force. In this view mental illnesses are for the most part genetic or biologic in origin and should be treated with biologic manipulations. Despite claims that it is just a matter of time, modern psychiatry has yet to prove convincingly the genetic/biologic cause of any single mental illness. This is such a powerful discourse that I imagine that any person in the street would tell you depression is simply a chemical imbalance in the brain - an idea which now infiltrates our cultural psyche. Unhappiness and suffering are not seen as resulting from real cultural conditions, for instance the divide between rich and poor, intolerance of difference, and the domination of rampant consumerism. In the biologic (chemical imbalance) explanation, environmental factors are quite secondary and have little to do with the nature of social or human existence, (Lachter 2001) and psychiatry, from a historical perspective, has always struggled to develop a model which integrates the relationship between environmental and biological factors (McFarlane 2000). Within the field of modern psychiatry biologism almost completely dominates the discourse on the causes, treatment and research of mental illness. Apart from the bleak and reductionist conclusion that we are no more than weak individuals with flawed brains, the particularly damaging consequence of biologic and genetic preoccupation and effort is that it has distracted attention from public health as the project of ensuring the conditions in which people can be healthy (Schrecker, Acosta et al. 2001). In discovering the brain, apparently, we have quite literally lost our minds!

The excitement of the aforementioned World Health report, at the advances in the "real time cinema" of neuroimaging of the brain (World Health Organization 2001, p. xiv), leaves me incredulous when much of that report is devoted to oppression, inequality, poverty, lack of basic health care, lack of basic human rights, war and civil strife and the link with mental health or lack of it. As a mental health nurse I nursed people who were not a kind of electrochemical stew but real - suffering from current or past violence, traumatic loss, loss of power or control over their lives and the effects of cultural fragmentation, isolation, impoverishment and exclusion that are specific to this culture at this time. These are conditions which require not manipulation of brain biology, but radical, even revolutionary, structural social change.

Social and Economic Policy Context

It seems unremarkable to say at this point that the broad social, economic and political context in which we find ourselves will have a direct bearing on our mental health. Yet for many individuals and groups in our society, and for others around the world, the most direct challenges and assaults on their health and wellbeing come from these areas of social existence.

A couple of examples will have to suffice. We have watched in the last several months as bipartisan political support has given rise to an exclusionary and inhumane policy for border protection. With apparent support from a large section of the Australian community we have implemented policy which makes us the towing service of the Pacific and turned away desperate and suffering people fleeing from unknown horrors and persecution. We already know that at least 50% of the refugees we allow into Australia under what were already stringent restrictions, will be suffering extreme degrees of traumatic stress from the world they are fleeing (Watters 2001), let alone the post migration experiences they are yet to face. Experiences which will be mediated by the ruthless creation and manipulation of hostile public opinion by desperate and unpopular politicians. Newly arrived immigrants face extremely high levels of unemployment, poverty, racism, isolation and the uncertainty of the mandatory detention processes, the safety of family and friends, or the outcomes of their applications (Silove, Steel et al. 1999; Silove, Steel et al. 2000; Silove, Steel et al. 2001).


HIER HAT EINST EINE SCHRECKLICHE MAUER DIE MENSCHEN GETRENNT!

Source: Reprinted with permission from Barbara Henniger – The guide is saying, "Once a terrible wall separated the people here!"

Conclusion

These are formidable challenges to mental health promotion in Australia, though we are seeing the emergence of the questioning of the dominant paradigms of mental illness and directions by those with some influence to assert an alternative discourse. I refer for example to the mental health promotion plan of VicHealth (VicHealth 1999) (see pg16 of this issue), which emphasises the themes and areas for action of social connectedness, freedom from discrimination and violence, and economic participation.

As Australians our cultural psyche and self perception is heavily imbued with a sense of ourselves, as a nation, that we are about things like a fair go, barracking for 'the battlers', and 'she'll be right'. Well - 'she' won't be right! The challenges to the mental health of Australians, (inclusion, economic participation, justice and fairness, security) are formidable. Particularly for some. These are dimensions of national life and expectation from which many citizens remain excluded, with poorer health outcomes and an inequitable burden of disadvantage.

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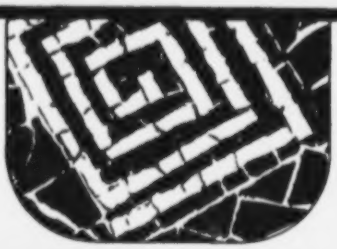


Reflections: Update From The Auseinet Project Officer, Consumer & Carer Issues, Chris Alliston

As we head into the New Year it is opportune to reflect on the time that has passed. The nine months I have worked at Auseinet has not only been rewarding but also challenging. It has been quite different to my previous employment and my trips interstate and to New Zealand have certainly made me more aware of how many people are involved in working for reform in mental health, not only towards improving services, but also towards a change in community attitudes.

It was heartening at the TheMHS conference to hear of New Zealand's recovery based program for consumers. The ability of services supporting consumers and their carers to provide encouragement and hope is paramount. Too often the focus is on treatment, prognoses and the next medical appointment. It must be remembered that people with a mental illness are people first.

The events of late 2001 have made us all aware how vulnerable we are to unexpected trauma. It is at these times that our sense of community is heightened and family and friends become even more important. If one is not fortunate enough to have a close circle of support, these times can increase the sense of isolation and aloneness that many feel. Social inclusion is central to our feeling of connectedness and wellbeing. If we can encourage the community to understand that all people are potential consumers and carers and that any one of us may at some time be dealing with an unexpected struggle with mental illness, we could go a long way to reducing stigma and promoting social inclusion.

During my travels to the various states and territories I have been welcomed by individuals and various non-government and government organisations. I have appreciated being included in discussions about changes in services, the challenges faced and phone calls and emails after returning to South Australia. Thank you to all of those who have shared stories and information with me and for making my work easier.

During my state and territory visits I have received a consistent message that people who have a mental illness and their carers want practical outcomes from consultations. Auseinet is confident that the ***Remuneration Project*** in partnership with the Australian Mental Health Consumer Network and the ***Mental Health Promoting Publication*** will deliver some practical results. Many contributions have been submitted for the publication and the publication committee will select from these in mid February. The survey for the Remuneration Project will be sent out in February and the focus groups in each state and territory will then be held between April and June. I am happy to report that considerable progress is being made.

My recent interstate trips have been to the Australian Capital Territory and Western Australia. Thank you to all for their welcome and hospitality. In ACT the Carers' Association run a program called ***Keeping Families Connected*** and you can read more about this innovative initiative in this issue of Auseinetter. In WA I ventured down to Bunbury and met with the local consumer and carer group and local service providers. I am very aware that rural service providers, consumers and carers are sometimes not consulted due to tight schedules and the travel time involved. In 2002 I plan to include more rural locations in my visits.

In South Australia I have given talks at metropolitan carer groups and a community advisory group in the Riverland. It has been interesting that wherever I go in rural areas people voice the same needs. These include increased services, more training around mental illness for local hospital staff, increased accommodation options for consumers, more community support workers and more education about mental illness in local communities. ***The Rotary National Mental Health Forums*** are providing communities with the opportunity to learn more about mental health and mental illness, not only from people who work in the field but also from consumers and carers. I have attended several of these in South Australia and the information presented by people who have personal experience of mental illness and the mental health system has been extremely well received by those who attended. In speaking to people I found that some attended the forum assuming no one else would have been through what they had experienced. It was a great relief for them to learn that they are not alone and that there is support available either through services or groups for consumers or carers. The dates and locations of additional ***Rotary Mental Health Forums are listed on our web site: http://auseinet.flinders.edu.au/wotsnew/hotgoss/hotgoss.php***

A recent publication will be of interest to many people. **Information for family members, friends and others about the carer experience: when someone close to you has a mental illness** was produced by Villa Maria Carer Services Carerlinks Eastern in Victoria. This well researched and informative booklet is for people with a relative or friend who has experienced serious mental illness: it provides a starting point for understanding and dealing with the many emotional and practical effects of mental illness on the lives of those close by. I can sincerely recommend this resource - copies can be obtained directly from Carelinks Eastern (03) 9852 7455 or freecall 1800 059 059 (free to carers, small cost to others).

Throughout Australia momentum from users of mental health services and their carers is increasing. I believe this bodes well for improvements and additions to services and for greater community support. Many of you have been working for reform in mental health for many years. I feel confident that progress is being made even though it may at times feel rather slow.

Thanks to all of you for your assistance with my work at Auseinet. I hope to meet up with more of you this year and may 2002 bring us all increased mental wellbeing and many joys.

Update From The Project Officer,
Indigenous Issues, Warren Milera

Hi again

Well it's now been almost six months since I came on board here at Auseinet. In that time it has been quite hectic to say the least, but productive and positive I'm glad to say. I have made contact with many people since first starting and I am now beginning to build up quite a network around the country.

The purpose of my visits to various agencies and groups around Australia has been to develop a clearer picture of the kind of work being done to promote and develop mental health and wellbeing for Aboriginal people, to develop networks and build relationships, to identify areas where Auseinet can be of most relevance and support in the development of Indigenous PPEI related activities and to explore opportunities for collaborative development of information resources.

Consultations so far have been well received and many people have made very valuable contributions to the development of networks and sustainable relationships. Many I have made contact with are very excited about the possibility of working more closely with Auseinet.

Although I have visited very different organisations at the local, state and national levels, I am finding there are some consistent messages and concerns. There is a fair bit of work being done around Aboriginal social and emotional wellbeing within Indigenous organisations at the community level. The perception is that there is still a fair way to go however in terms of commitment from Government - in particular around funding to support greater human resources in this area.

By the next issue of this newsletter I will have visited most states and territories and will be in a better position to update you on the broad themes and concerns emerging in the area of Indigenous mental health. I am making contact with people and organisations doing some very interesting work and I hope that some of these people will also share details of their activities in the next Auseinetter. There are of course many people I haven't had the opportunity to meet.

If you have an interest in any area of Indigenous social and emotional wellbeing and would like to make contact I'd be really happy to hear from you. I can be reached on

Tel: (08) 8404 2996 or
Email: warren.milera@flinders.edu.au

Until next time…

Warren Milera
Project Officer - Indigenous Issues

Profiling Joy Sims

Hi, my name is Joy Sims and I have just taken up the position of Information Officer at Auseinet. I recently completed a BA in Information Studies and my work background has been mainly in the areas of health, public housing (housing co-ops) and child care (with a few stints of cooking thrown in!). So the last few months have been a crash course in learning about the priorities, organisations, people, and resources relevant to the field of mental health. I am enthusiastic about being back in the workforce, and particularly being part of the team here at Auseinet. This position presents a challenge in being able to access, collate and deliver specific information to a wide range of people, with various interests and areas of expertise.

One of the main focal points for me is to maintain the **Auseinet Resource Database**. If you are not already familiar with this resource: check it out at -

http://auseinet.flinders.edu.au/resourcedb/index.php

It's a storehouse of information about books, videos, reports, articles, kits etc. relating to mental health and wellbeing, with a focus on promotion, prevention, early intervention and suicide prevention materials. It contains resources that are of interest to mental health (and related) workers, consumers, carers, or anyone with an interest in mental health issues. A considerable number of these resources can be accessed (in full text) on-line, and URLs are provided. I will be constantly adding and updating the database so it's worth checking on a regular basis.

If you or your organisation have any resources that you have either developed or find particularly useful, I'd be very happy to hear about them. Or if you are looking for something specific and feel that we haven't covered that subject please let me know. I will also be collecting information relevant to the various Auseinet projects. Some of these projects currently include:

- the consumer/carer publication of health promoting stories
- 'mental health and work' issues
- current developments in 'capacity building' strategies in health related organisations
- suicide prevention

…and, of course, maintaining the flow of information relating to promotion, prevention and early intervention strategies and actions.

I look forward to my time here at Auseinet, and aim to develop a wide network of communication in order to receive, and provide, relevant and up-to-date information. Part of my work plan is to try and make contact with as many mental health related organisations as possible, in order to elicit feedback about the services, projects and activities that are happening around the country. I'm hoping to collate this information for presentation on the Auseinet web site, so please feel free to contact me with any feedback, queries or gems that you may want to share. In general I am in the office on Tuesday, Wednesday (alternate) and Friday.

My contact details are:

Joy Sims
Information Officer

Auseinet
C/o CAMHS
Flinders Medical Centre
Bedford Park SA 5042

Tel: (08) 8404 2992

Fax: (08) 8357 5484

Email: joy.sims@flinders.edu.au

The Australian e-Journal For The Advancement Of Mental Health AeJAMH

A new peer reviewed electronic journal which aims to **nurture and encourage understanding of mental health promotion, prevention and early intervention within a multidisciplinary forum.**

We intend that the journal will be **a forum for researchers, practitioners and commentators from different disciplines, cultures and countries** to come together in order to achieve conceptual clarity and advance the development, evaluation, and implementation of effective strategies for advancing mental health.

Call for Contributions

AeJAMH accepts submissions, presented as original research; reviews; description of innovative services; comments on policy, history, politics, economics and ethics as they relate to case reports or letters.

Topics of interest for the Journal include **theoretical articles, empirical studies, applied research, evaluation studies of innovative or traditional programs, analysis of population needs and service reorientation studies involving questions for administrators and policy makers.** We are interested in receiving contributions from clinicians, practitioners, consumers, academics and commentators. We are especially interested in Indigenous related issues and programs.

For all initial correspondence and further information direct your inquiry to:

auseinet@flinders.edu.au

Information for intending contributors is on the Auseinet web site at:

http://auseinet.flinders.edu.au/journal/index.php

The following contact details should only be used where email is unavailable:

AeJAMH,
C/- Auseinet, Southern CAMHS,
Flinders Medical Centre
BEDFORD PARK SA 5042
Tel: (08) 8404 2999

Closing date for Vol.1 Issue 2 - 12 April 2002

Mental Health Promotion & Work:

- What Does Promoting Mental Health Mean In Relation To Work?

A Monograph

As the 21st century unfolds we are confronted with evidence of the dramatic forecasts of the global increase of mental health problems. There is a complex array of issues critical to impacting on these forecasts of the declining mental health of individuals in a changing technological, labour market and global context. The dimensions of meaningful community participation for all citizens are economic, social, cultural, environmental and political. The role and meaning of work, issues of access to employment, the nature of work, workplaces and workplace practices and how these influence the health and wellbeing of individuals, families and communities represent the point of convergence of many of the complexities outlined.

Auseinet and VicHealth, jointly, call for expressions of interest from interested groups and individuals to contribute to an edited publication of essays, articles, photographs, cartoons, poems, plays, good practice programs, articulating the relationship between mental health, mental health promotion and work.

Contributors are asked to submit an abstract of no more than 500 words and outline the main points of the paper or other media form.

All intending contributors are asked to contact Jill Knappstein at Auseinet (08) 8404 2999, auseinet@flinders.edu.au, for an Information Package before submitting an abstract.

Closing date for abstracts closed March 8th 2002 – Auseinetter subscribers may submit late by negotiation.

Final date for draft submissions May 31st 2002

Publication September 2002 – To be launched at the Auseinet Forum, "Putting It All Together", 15-17 September

VicHealth

Auseinet Forum:
Putting It All Together

A National Forum on Promotion, Prevention and Early Intervention for Mental Health and Wellbeing

Hosted by Auseinet
15 - 17 September 2002

The Forum Theme:

"Putting It All Together" is a forum about reflecting on the experiences and learnings of the past whilst maintaining an eye on developing visions for the future. Mental Health and Wellbeing are concepts on the agendas of people working and participating in a wide variety of settings. There has been a great deal of discussion about ways to advance thinking and practice in areas of promotion, prevention and early intervention for mental health across the lifespan. Are there consistent messages?; What are the challenges?; What has been learnt?; What kind of communities do we wish to live in?; Are there new ways of working together?

Let's Put It All Together.

The Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet) invites thinkers, service providers, consumers, carers, advocates, policymakers and funders from a variety of sectors including mental health, health and welfare, education, community, the arts, recreation and justice to participate in this unique Forum.

Putting It All Together will have relevance to those participating in a wide range of fields. Mental Health and Wellbeing are of concern to all and this Forum will provide a great opportunity for networking, discussion and debate across a range of sectors. We encourage people from a diverse range of disciplines and cultures to participate.

Keep an eye out on the Auseinet web site
http://auseinet.flinders.edu.au
for registration and program details as they become available.

Consult The Auseinet Web Site!

Since the last issue of Auseinetter, there have been considerable additions to the Auseinet web site.

For regular updates on:

- Auseinet projects and activities – see ***At Auseinet*** from the icon on the home page
- Online media reports and interviews on mental health – see ***In the Media*** from the icon on the home page
- Mental health related publications, reports, videos, kits – see the Auseinet ***Resources Database*** from the icon on the home page
- What other projects and services are doing around the country – see ***What Are You Doing?*** from the icon on the home page

An addition to the Auseinet web site is the Factsheets database. Given that there is already a great deal of useful summary style information available online produced by a broad range of agencies, consumer and carer groups and educational institutions, we decided it would be helpful to provide access via one database – please let us know if you are aware of other factsheets that we haven't yet included in the database.

Don't forget...
If you are interested in:

- Up and coming conferences
- Other Promotion, Prevention, Early Intervention and Suicide Prevention related web sites
- Publications produced by Auseinet

...And for all sorts of other information and resources...

Consult the Auseinet web site at:

http://auseinet.flinders.edu.au

NATIONAL ACTION PLAN - STATE & TERRITORY CONSULTA-

Overview - Jennie Parham / Consultation Process On The National Action Plan For Promotion, Prevention and Early Intervention

The consultation process on the National Action Plan is proving to be a wonderful opportunity for showcasing some very exciting and innovative projects and initiatives in mental health promotion, prevention and early intervention across Australia. It has also provided a catalyst for the development and implementation of Plans at the state level.

A very successful statewide forum was held in Launceston, Tasmania in October 2001 with people attending from all parts of the state. Visiting speakers from Queensland gave a presentation on capacity building in a rural context as well as excellent presentations from local speakers on transcultural mental health. Awards were given to projects showcasing innovative initiatives in PPEI.

More than 100 people from a variety of sectors attended a one day forum in Adelaide and a further 40 in Pt Augusta, South Australia in November. Participants attending these forums were not only contributing feedback on the National Action Plan but were also hearing about what was happening in South Australia with respect to PPEI. As part of the forum, participants had the opportunity to discuss ways forward for South Australia in progressing promotion and prevention. Forums have also been held across regional and metropolitan Victoria utilising existing resources. Jennie Parham and Dr Debra Rickwood met with the co-ordinators for a briefing session in Melbourne in November.

Comments from people attending the forums in each of the different states and territories are consistent in reporting that the forums:

- Raise awareness of mental health promotion, prevention and early intervention
- Provide an excellent opportunity for learning about what is happening at the national, state and local level in PPEI
- Promote information, resources and networks which support work in this area
- Encourage input to national and state planning processes

By the time this issue of Auseinetter reaches you, forums would have been held in Brisbane, Rockhampton and Townsville. At the time of writing it is planned that these one day forums will provide an overview of PPEI at the national, state and local level, showcase good practice models, workshop feedback on the *National Action Plan* as well as workshop priorities for PPEI in Queensland. Professor Graham Martin, Auseinet Project Adviser; Dermot Casey, Assistant Secretary, Mental Health Branch, Australian Department of Health and Ageing and Dr Debra Rickwood, Consultant author of the *National Action Plan* are among the speakers. The forum in Brisbane is so popular it has already reached maximum participant numbers so a further one is being mooted. In Western Australia, planning is underway for a two day symposium on PPEI to be held on the 18 & 19 March 2002 in Perth. Discussions are currently taking place around holding several forums and workshops in the Australian Capital Territory in April.

It has been exciting to see the activity taking place around Australia in PPEI and the energy and enthusiasm with which it is being embraced. It is my hope that we can capitalise on the momentum and continue to build on and progress the work.

Following is a more detailed account of the Forums held in South Australia.

Jennie Parham
Auseinet Project Manager

Dr Debra Rickwood & Jennie Parham

South Australian Workshops Promotion Prevention and Early Intervention (PPEI) Consultation and Implementation

Adrian Booth • Senior Project Officer • Mental Health Promotion Program • Health Promotion SA Information Management Services • Department of Human Services

(November 2001)

(I would like to thank Angela Burford, Senior Project Officer, Health Promotion SA for her assistance in developing this article)

Background

Mental health promotion, illness prevention and early intervention (PPEI) has been identified as one of four key policy drivers in the recently released **Action Plan for Reform of Mental Health Services, Department of Human Services (DHS), 2000-2005.** Appropriate investment in promotion, prevention and early intervention activities will assist in improving the mental health of the population, decrease the shame, stigma and isolation associated with mental illness and improve South Australia's capacity to promote quality of life.

Darren Bowd, Senior Project Officer, Mental Health Unit, DHS Facilitating a Workshop – Metro

The **Mental Health Unit, Health Promotion SA,** and the **Country and Disability Services Division, DHS** collaborated to conduct the workshops in conjunction with Auseinet.

The purpose of the workshops was to enable representatives from a diverse range of organisations, agencies as well as consumers and carers, to hear how the Department of Human Services is responding to PPEI as part of the reform of mental health services in South Australia.

(left to right): Bevan Francis, Regional General Manager, Northern & Far Western Region, Bruce Edwards, Director of Allied Health Services, Whyalla, Carol-Ann Stanborough, Team Leader of Flinders & Far North Community Health Services – Country

The workshops also included a focus on the **National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000 (National Action Plan 2000)** and **the Promotion, Prevention and Early Intervention Monograph 2000 (Monograph 2000).** These documents, along with an invitation to attend the workshops, had been circulated widely prior to the workshops occurring.

Participants at the forums were invited to comment on these documents that provide a preliminary framework for PPEI for mental health under the National Mental Health Strategy. The **Australian Network for Promotion, Prevention and Early Intervention (Auseinet)** has undertaken a national consultation on these documents and it was considered important to run workshops in South Australia collaboratively with Auseinet. South Australia has a commitment to the Strategy and will be taking the principles of the documents into account as the reform agenda for mental health progresses.

Two workshops were held; one in the country at Port Augusta, which is situated approximately 300 kms north of Adelaide and the other in Adelaide.

The workshops were free and presented in two sessions. The sessions included:

Session 1 (AM):

- Examples of national initiatives for mental health PPEI
- Overview of the Country Mental Health Commitment Document, 2001 – 2005 (Country Forum)
- Overview of Service Improvement Outcome Priorities of the DHS in relation to PPEI (Metropolitan Forum)
- The Reform of Mental Health Services in South Australia – current and future directions for PPEI
- Showcasing current examples of South Australian PPEI initiatives that included projects based on age groups across the lifespan.

Session 2 (PM):

- Introduction to and feedback on National Action Plan 2000 and Monograph 2000 for PPEI
- Small group discussions to examine service and regional responses to PPEI within current resources.

Positive
minds
tra

Christine Lock, Project Manager, HeadRoom & Casmira Hambledon, Young person involved in HeadRoom

South Australian Workshops (PPEI)

Participants in the small groups were asked three questions:

1) What is already working well in South Australia?
2) In five years time what would mental health PPEI look like as a part of our mental health system?
3) How would we move toward addressing mental health PPEI priorities in South Australia?

Key Issues Arising

- The response to National Action Plan 2000 and Monograph 2000 was overwhelmingly positive both in terms of content and format. Many people commented that they should be more widely distributed and publicised. Auseinet is currently collating detailed responses to the documents.
- There was a lot of enthusiasm for "spreading the word" about PPEI, particularly through creating awareness and action around National Action Plan 2000, with one participant commenting, "make sure everyone gets a book."
- People said there are some excellent individual projects being undertaken in South Australia and diverse organisations and services are working well together at the local level to address mental health issues.

The Future

Population Groups

- Participants stated that there is a need for the community to become more informed about the nature of mental health promotion and mental illness so they can recognise risks in themselves or others and take action to intervene early. A greater understanding of the link between the body and mind is needed and mental health should be the "bedrock" of a healthy community.
- Many comments were made relating to PPEI and children. They included the need for early recognition and intervention for infants and children at risk and support for parents, families, carers and child care workers, Family and Youth Services etc. to understand and address the risks appropriately. PPEI should be an integrated part of school curriculum. There was lots of support for the idea "start with kids." Comments included keeping them out of trouble, working collaboratively with the education system to enhance PPEI, using strategies to address family planning and assisting with parenting and mental health issues for offenders and their children.

CONTINUED

- There was discussion about the need to adequately resource PPEI initiatives for an ageing population and comments were made about the necessity to anticipate the changing nature of the world and our population and to be equipped to respond appropriately. The provision of seamless service provision across age groups was cited several times.

Partnerships

- Many participants expressed the opinion that increased consumer/carer involvement and collaboration at all stages of planning and implementing PPEI programs is essential. Other comments related to the need for the community to have a responsible role in PPEI and that mental health needs to be fully integrated into the overall life of the community. The importance of addressing co-morbidity, including the relationship between mental health and substance abuse and the needs of people with chronic physical disabilities was also mentioned.
- Participants commented on the need to enhance liaison between clinical and non-clinical services and agencies. The need for better partnerships and relationships with Aboriginal controlled organisations was noted.
- A dominant theme was the need for increasing the capacity of a range of existing or potential stakeholders in PPEI through training, education, systems planning, policy development and increased collaboration. General practitioners and Divisions of General Practice were frequently mentioned as important players, alongside primary health care and education workers and the police.
- The desirability of developing skills and structures to establish, support and maintain good partnerships was mentioned. Comments related to making partnership building "core business", the desirability of breaking down boundaries and sharing resources, and the adoption of good practice that crosses regions and engages NGO's and other sectors, and underpinning action with sound strategic planning.

The Workforce

- Participants observed that workers needed to have adequate sustainable resources to do PPEI including developing a long term view with appropriate structural support and nurturing. Along these lines comments were made about the desirability of developing and funding evidence based good practice in PPEI, including research, evaluation, trials and projects. Again National Action Plan 2000 was regarded as a good starting point to determine local priorities.

Conclusion

Overall the workshops proved to be an overwhelming success in enabling a diverse range of participants to hear about how the DHS is responding to mental health PPEI as part of the reform of mental health services in South Australia. In addition the workshops gave an opportunity for participants to provide verbal feedback on National Action Plan 2000 and Monograph 2000.

Over 100 people from diverse sectors such as the South Australian Institute of Sport, Department of Justice, universities and consumers and carers attended the Adelaide metropolitan workshop along with notable attendance at the country workshop held in Port Augusta. This certainly indicates the strong support and interest for mental health PPEI within South Australia. The information collected from the workshops will be invaluable for the consideration of the, to be established, **South Australian PPEI Advisory Group.** One of this Group's proposed roles is the development of an action plan for mental health PPEI for South Australia that guides funding, service improvement and priority strategies. Critical to the ongoing development of mental health PPEI approaches in South Australia is effective, strategic and sustainable planning that offers a coordinated approach for PPEI. The workshops certainly have demonstrated that we are off to a promising start.

Adrian Booth, Senior Project Officer, Department of Human Services

TELL US WHAT YOU'RE DOING

The Northern Territory Celebrates Health Promotion

Nikki Clelland
Promotion, Prevention & Early Intervention Policy Officer
Department of Health and Community Services

"Celebrating Health Promotion" was the theme for a Health Promotion Symposium held in Darwin on the 7th November 2001. Rarely are there local opportunities to take pride in the broad range of innovative health promotion work that takes place across the Northern Territory. Participants and presenters came from all over the Territory and from a variety of sectors to celebrate and share stories on a wide range of health promotion initiatives. The Symposium was the first of its kind, attracted over 30 presenters and was well attended by staff from health and non-health sectors, government and non-government staff, small business and community members.

The Symposium opened with an Address from Dr Shirley Hendy, Assistant Secretary, Department of Health and Community Services, who reflected on the development of health promotion in the Territory over the past two decades. The internationally renowned *Living With Alcohol Program* and the *Public Health Bush Book* were two success stories mentioned in her presentation. This was followed by an inspirational and thought provoking keynote speech by Kathy Mills, a local, well-respected Kungarakan elder. After formally welcoming participants and acknowledging the Larrakia people, the traditional landowners of the area, Kathy spoke of her experiences as an Aboriginal Health Promotion Officer around the time the Ottawa Charter was released. Kathy drew the conclusion that this influential movement was like the awakening of a sleeping giant!

The one day symposium was broken into several themes including Men's Health, Women's Health, Child/School Health, Nutrition, Supporting Practice, Environmental Health, Chronic Disease, Injuries, Alcohol and Other Drugs and Mental Health. With so many achievements to celebrate, too many to report about here, a brief summary of the afternoon session focusing on initiatives addressing mental health promotion and the prevention of mental health problems follows.

Firstly, Nikki Clelland, from the Department of Health and Community Services, discussed the national framework for the promotion, prevention and early intervention for mental health. She outlined how individual resilience and supportive environments are essential elements for positive mental health and that the practice of promoting mental health is, in itself, mental health promoting. It was reiterated that many if not all of the presentations made throughout the day had an implicit mental health component. The challenge now is to build on this work, to further develop and strengthen partnerships and include mental health indicators and outcomes into current and future initiatives.

Maria Marriner, Department of Employment, Education and Training, utilised activities from the ***Mental Health Promotion Resource for Secondary Schools: MindMatters,*** to demonstrate and explain the contents and importance of the package. Participants were involved in positive name games and partaking in what could be confused with training for this year's AFL season!! Those present at the forum were then entertained by a music video, developed by and for young Indigenous people, about mental health. These talented musicians developed the lyrics and music for the filmclip, which was an outcome of a MindMatters project.

In response to the increasing rates of suicide and 'at risk' behaviour amongst youth, the ***Life Promotion Program*** has been implemented in the Northern Territory. Leonore Hanssens, from Top End Mental Health Services, said that the Life Promotion Program aims to promote the physical, spiritual, emotional and socio-cultural wellbeing of individuals, families and communities through community owned and developed initiatives as a means to reduce suicide and self-harm. Leonore made particular reference to the success the program has had in remote Aboriginal communities by utilising the ***Indigenous Life Promotion Community Development Model.*** It emphasises the need for community responsibility and participation at all levels to provide a whole of community approach.

Kevin Jack Parriman, a young Aboriginal man, made the final presentation for the day about his road to success in the fashion industry which was the result of his involvement in a health promotion project conducted by ***Paperbark Woman,*** a local retail outlet in Darwin. The project, ***Fashion the Indigenous Way,*** aims to raise self-esteem and confidence, to develop skills in looking after appearance and personal hygiene and to promote working together in teams through the participation in fashion parades. Kevin was employed as a model for Paperbark Woman fashion parades when he was asked to design a garment for the Northern Territory Fashion Awards. Having never designed a garment before, Kevin was overwhelmed by his outstanding success in the competition, taking out both the Supreme Award and the Award for Dinner and After Five with his evening gown representing a serpent wrapped around a woman's body. Kevin believes that the project has had an amazing impact on his self-esteem and confidence and can see the same affect on others when they are given support, encouragement and the opportunity to be involved in the fashion industry.

Health promotion was definitely celebrated at the Health Promotion Symposium and the day was described as a great success. Comments such as ***"a great picture of health promoting activity"; "this saved me weeks of reading"; "not just the rhetoric, implementation and success as well and at last"*** were received through evaluations from people attending the forum. The opportunity to share stories of innovative health promotion initiatives is a key strategy for planning future directions, creating and strengthening partnerships and promoting professional development. Plans are now underway for the 2002 Symposium.

The Health Promotion Symposium was sponsored by the Wellness Promotion, Policy and Program Development Division, Department of Health and Community Services and was organised and coordinated by Paula Convery.

For further information on the Health Promotion Symposium or the projects mentioned above, please contact Nikki Clelland on:

Tel: (08) 8999 2696
Email: nikki.clelland@nt.gov.au

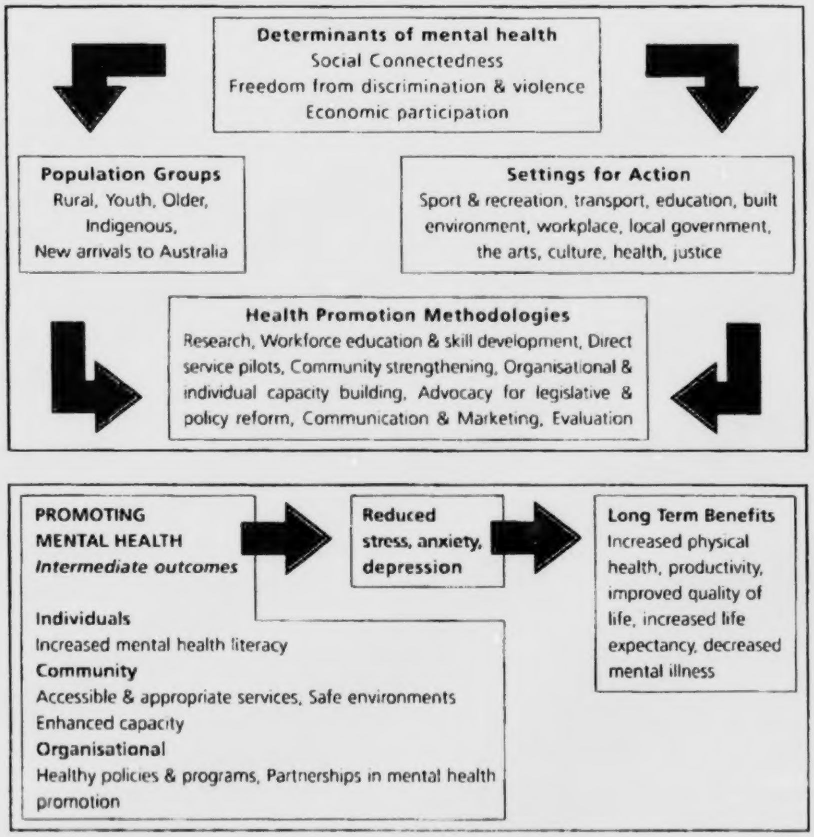
VicHealth –
Mental Health Promotion Framework

Mental health is the embodiment of social, emotional and spiritual wellbeing. It provides individuals with the vitality necessary for active living, to achieve goals, and to interact with one another in ways that are respectful and just.

One of the major challenges facing Australians is the state of our mental and emotional health. The World Health Organization (WHO) predicts that depression will be the second leading cause of disability in the world by 2020. Close to one in five people in Australia are affected by a mental health problem within any 12 month period (McLellan, 1998). This prevalence and predicted growth is the impetus for the **Victorian Health Promotion Foundation's (VicHealth)** commitment to promoting mental health.

The **VicHealth Mental Health Promotion Plan 1999-2002** signals a bold and timely recognition of the impacts of societal factors on health. Extensive consultation was undertaken with over one hundred organisations and professionals from many sectors such as health, education, local government, community, justice, the arts, sport & recreation etc. ***Three factors were identified as significantly influencing mental health – social connectedness, valuing diversity and economic participation.*** The Plan gives direction for investment in a range of populations because of their inherent vulnerability to psychological and social pressures, isolation and discrimination. These include rural people, older and younger people, Kooris and new arrivals to Australia.

Mental Health Promotion Framework



Determinants of mental health
Social Connectedness
Freedom from discrimination & violence
Economic participation

Population Groups
Rural, Youth, Older, Indigenous,
New arrivals to Australia

Settings for Action
Sport & recreation, transport, education, built environment, workplace, local government, the arts, culture, health, justice

Health Promotion Methodologies
Research, Workforce education & skill development, Direct service pilots, Community strengthening, Organisational & individual capacity building, Advocacy for legislative & policy reform, Communication & Marketing, Evaluation

PROMOTING MENTAL HEALTH
Intermediate outcomes

Individuals
Increased mental health literacy
Community
Accessible & appropriate services, Safe environments
Enhanced capacity
Organisational
Healthy policies & programs, Partnerships in mental health promotion

Reduced stress, anxiety, depression

Long Term Benefits
Increased physical health, productivity, improved quality of life, increased life expectancy, decreased mental illness

VicHealth's Plan complements National mental health policies and reflects the WHO interpretation of health promotion, which is fundamentally concerned with action and advocacy to address the full range of potentially modifiable determinants of health. These determinants not only include those related to the actions of individuals, but also income and social status, education, employment and working conditions, and access to appropriate health services.

VicHealth's Mental Health Promotion Plan recognises that reducing the social and economic costs associated with mental illness will not be achieved by focusing on the treatment end of the intervention spectrum alone. The approach is underpinned by community development principles, social justice and equity concerns.

A number of methodologies have been applied including research, project pilots, community awareness, policy input, workforce development and community capacity building. A population approach has been adopted with particular emphasis on the interventions with those groups of people who because of extremely difficult conditions or circumstances are at special risk of being affected by the burden of mental health problems. Funding schemes and projects reflect this approach which is also based on partnerships between different sectors, community development principles and a focus on sustainability. Descriptions of VicHealth's investment are available to be downloaded from the web site at **www.vichealth.vic.gov.au** or in hard copy from Vichealth.

VicHealth works with many sectors such as education, local government, community health, justice, the arts, sport & recreation and a range of non government organisations to achieve better public health outcomes. Similar community development strategies have been used for many years. ***What is new and inspiring is the increased awareness and recognition that the 'drivers' of health lie outside of the health sector.***

An extensive and varied evaluation component including single and cluster project evaluations also underscores the Plan. Measuring the social determinants of mental health is a recent field of investigation. VicHealth is now collecting timely and relevant data and contributing to growing the evidence base.

A new VicHealth Centre of Research & Practice in the area of mental health and wellbeing is now also being established. The Centre is expected to establish a research and practice program that complements the conceptual framework of the *VicHealth Mental Health Promotion Plan 1999-2002*, with the primary focus being on *social connectedness* and its relationships with protective/risk factors and/or health outcomes. In particular, the Centre will focus on creating knowledge and understanding that will inform policies and programs that lead to and sustain mental health and wellbeing. The primary aims of the Centre will be to:

- Conduct and stimulate high quality research to guide and support action to achieve mental health and wellbeing outcomes across the population and sub-populations;
- Develop and test interventions to build further understanding of best practice models in mental health promotion; and
- Contribute to the capacity of organisations and practitioners to undertake mental health promotion activity.

An exciting year in 2002, of consolidation of evidence, will be balanced by scoping of newer areas for development which include a 'gender and violence' analysis, 'children of parents with a mental illness' and work with faith communities.

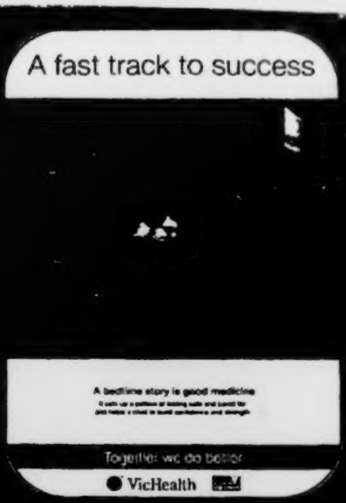
Together We Do Better

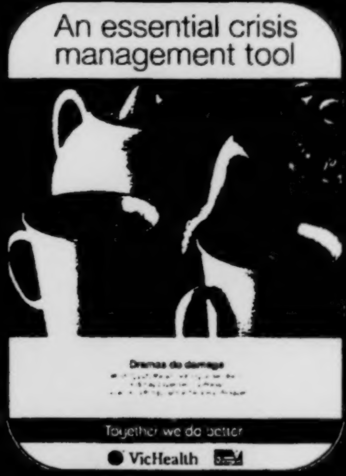
Complementing the Mental Health Promotion Program and policy area is the communications and marketing campaign entitled 'Together We Do Better', the aim of which is to raise the awareness of the importance of social connection, inclusiveness, valuing diversity and economic participation for good mental health. This has been conceived as an agenda-setting campaign, with the aim of prompting people to think and talk about the issues. Elements include press advertisements, posters in trams and on bus shelters, postcards, 60sec radio advertisements, and a 60sec cinema advertisement. Also distributed to community settings were posters and an extensive information kit called ***Promoting Mental Health.***

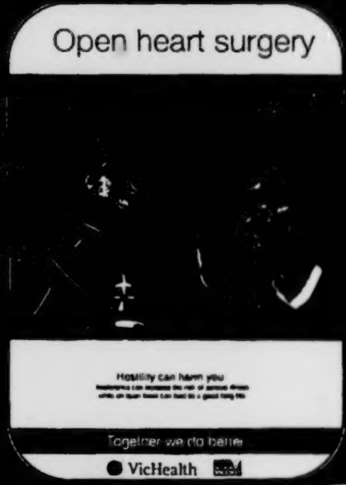
General population surveys have been tracking awareness, attitude and behaviour shifts. Surprising numbers of those who have seen the advertisements report some action – such as having thought more about the issues than they normally would, or making an effort to engage with people.

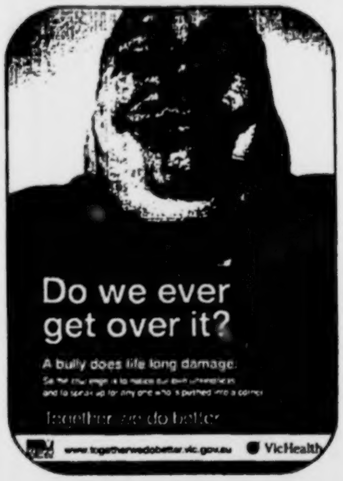
A stakeholder evaluation of the campaign is due to be conducted in Feb/March 2002 where professionals working with mental health in the community and in policy development will be asked their views on the value of the campaign to date, and what direction our communications might take in the future.

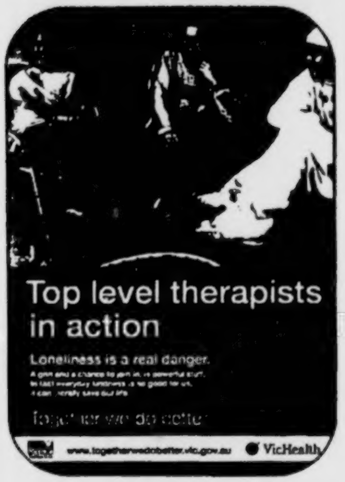
Some of the campaign elements are shown to the right and are available on the Together We Do Better web site: ***www.togetherwedobetter.vic.gov.au***


A fast track to success
A bedtime story is good medicine
Together we do better
VicHealth






Do we ever get over it?
A bully does life long damage.
Together we do better
www.togetherwedobetter.vic.gov.au
VicHealth


Top level therapists in action
Loneliness is a real danger.
Together we do better
www.togetherwedobetter.vic.gov.au
VicHealth

On February 4, 2002 VicHealth launched more of *Together We Do Better*, a campaign to get people thinking and talking about the personal and social benefits of belonging to a community, and of being accepted, respected and included.

This stage coincided with the back-to-school period and provided an opportunity to focus on bullying behaviour as an issue in schools, a microcosm of our wider society. **"Do we ever get over it?"** deals with the health effects of bullying and **"Loneliness is a real danger"** highlights the costs for everyone, and in particular young people, of social exclusion and the benefits – health and otherwise – of simple acts of welcome.

With students returning to schools, VicHealth, supported by the Department of Education, Employment and Training (DEET); the Centre for Adolescent Health; Kids Help Line; MindMatters and The Alannah and Madeline Foundation, are working to raise awareness of bullying behaviour as a mental health issue for the community.

Mr Michael White, Director of the Office of School Education, in DEET, said schools and their networks are well placed to contribute to the creation of safe and healthy environments through building positive social relationships and making effective responses to issues such as bullying.

"School is a microcosm of the greater community, and the group is committed to highlighting what is and what can be done to address bullying behaviour in our schools," Dr Moodie, VicHealth's CEO.

Together We Do Better is about getting people thinking and talking about the personal and social benefits of belonging, and of being accepted, respected and included. Why? Because for all of us, **loneliness is a real danger.** The fact that too many of us, and in particular too many of our young, face lives of alienation, isolation, discrimination and bullying is of huge concern.

Ultimately, our challenge is to work in partnership across sectors to shift the focus on the social and economic components of mental health, and to move mental health promotion from the margin to the mainstream.

Together We Do Better web site: ***www.togetherwedobetter.vic.gov.au***

VicHealth web site: ***www.vichealth.vic.gov.au***

Mental Health in the Education Sector

The social and emotional wellbeing of young people can be linked to several factors, including schooling and social development. The Commonwealth Government has a number of innovative schools programs that aim to increase mental health literacy and foster recognition of the role schools can play in the early intervention and management of young people at risk.

MindMatters, a mental health promotion program for secondary schools, is helping to create a school environment where all young people feel safe, valued, engaged and purposeful. It provides a range of teaching resources, supported by professional development activities, that are being conducted around the nation. The program also has a dedicated web site that provides up to date information about program activities, as well as local contacts and links to related sites: **www.curriculum.edu.au/mindmatters**

There has been strong cross-sector interest in and support for the MindMatters program, including a high level of enthusiasm from both Australian and international communities.

In addition, a national university curriculum project is underway that complements and strengthens the MindMatters program. The aim of ***ResponseAbility*** is to develop and provide tertiary curriculum resources addressing mental health issues for courses in secondary education. This national program of education and training will provide academic staff and students with greater mental health literacy and key skills appropriate to their profession. The ResponseAbility project also targets the discipline of journalism.

The effective participation of parents associated with MindMatters schools is the aim of **FamilyMatters**, with an advisory committee being formed early in 2002 to take the project forward. The program aims to create partnerships between parents, students and teachers and to ensure that all school activities take account of the concerns and interests of parents.

The development of a school's capacity to support young people at risk is the major aim of **StudentMatters.** A series of best practice approaches including school-based interventions and effective links with professional services, families and other community support will form the backbone of a framework which will then be used in a series of demonstration projects for at-risk students.

To complement these initiatives, work has commenced on the **National Primary Schools Mental Health Scoping Study**, which will assess the mental health needs of primary school communities around the country. The study will look at how these needs are being addressed by current programs, and the results will assist in the development of a national mental health promoting school strategy for the primary sector. The study commenced in December 2001 and will be conducted over a 12-month period.

Further information on Commonwealth Government initiatives in mental health can be found at:

www.mentalhealth.gov.au

National Media Activity

The media is a major source of information and a powerful influence on public opinion. Media coverage and reporting is critical to mental health literacy, particularly through fostering community attitudes to mental health and illness, and to people affected by mental illness. There has been a continuing debate about the reporting of suicide and its possible impact on actual suicide rates.

Under the **National Mental Health Strategy** and the **National Suicide Prevention Strategy**, a range of projects have been designed to enhance the media's capacity to report responsibly, sensitively and accurately on these issues. These projects contribute to the **National Media Strategy for Reporting Mental Illnesses and Suicide.**

The projects include the:

- Media Monitoring Project;
- *ResponseAbility* – National University Curriculum Project;
- Revision and evaluation of the media resource kit *Achieving the Balance*; and
- SANE StigmaWatch program.

A Media Reference Group was also set up in 2000 to provide direction and expert advice on initiatives developed within the Strategy.

The Media Monitoring Project set out to address some of the gaps in knowledge about the way the media report and portray suicide and mental illness. Although a number of international studies have considered the impact of these media reports, little work has been done on the extent and nature of media reporting on these issues.

The project aimed to establish ***a baseline picture of how the Australian media portray suicide,*** mental illness and mental health and to use the results to inform future strategies to optimise media reporting of the issues.

The project collected media items over a 12-month period and produced both a quantitative and qualitative analysis.

The quantitative study found that:

- reporting of both suicide and mental illness was extensive (17,151 items);
- radio items outnumbered newspaper and TV items;
- the nature of the reporting was highly variable;
- males and young people commonly featured in suicide stories; and
- the quality of reporting varied widely.

The qualitative study found that:

- newspaper and broadcast reports on individual suicides were relatively uncommon in comparison to the number of actual suicides and attempted suicides;
- stories found most problematic were based on information collected from courts, coroner's courts or the police;
- most stories did not include contacts for advice, counselling or access to mental health services; and
- inappropriate language was a central concern.

Both studies concluded that the reporting of suicide, mental health and mental illness was widespread and varying in nature and quality, and noted there were still opportunities for improving the way these issues were reported by the media, which could help to destigmatise mental illness in the community.

Copies of the Media Monitoring Project reports can be found via the Auseinet project at:

http://auseinet.flinders.edu.au/suiprev/resources/index.php

A project known as ***ResponseAbility*** seeks to influence the tertiary curricula for undergraduate journalism and media to make students more aware of issues of

National Media Activity CONTINUED

mental health promotion and suicide prevention.

The project is currently finalising the new teacher and student resources. A web site will be available from early 2002 and planning for dissemination of the new resources is also under way.

Final testing has been carried out on a revised version of ***Achieving the Balance,*** first published in 1999. This media resource aims to assist the media to report and portray suicide and mental health and illnesses with increased accuracy and sensitivity. The revised resource, to be launched later in 2002, will include a print resource, quick reference cards and a web site.

SANE Australia runs the highly successful ***StigmaWatch*** program which monitors print and electronic media and advertising for reporting and portrayal that stigmatises a person with a mental illness. The innovative and interactive web site also reports cases of inaccurate or offensive material and encourages those responsible to report more accurately.

Recent funding has been provided for an improved and expanded site, including a good news section for the production and dissemination of a regular community bulletin and ***Annual Report Card on media performance*** in reporting and portraying mental illnesses and suicide issues; and for the development the ***Sane Guide to Fighting Stigma,*** a community empowerment resource for local community action.

Further information on Commonwealth Government initiatives in mental health can be found at: www.mentalhealth.gov.au

MindMatters –

Promoting Positive Mental Health & Wellbeing For Everyone In School Communities

MindMatters is a mental health promotion resourc designed for secondary schools, funded by th Commonwealth Department of Health and Agein under the National Mental Health Strategy.

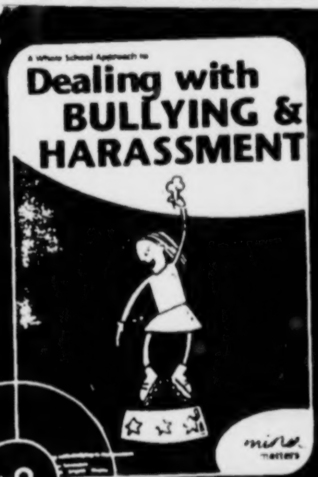
A national schools audit conducted in 1996 highlighted the lack of comfort and confidenc amongst our teacher population in working with young people about mental health. Other ke findings were a distinct lack of resources and a crowded curriculum. A two year pilot followed undertaken by a consortium of health and education professionals, including the Yout Research Centre, University of Melbourne; Faculty of Education, University of Sydney; Faculty o Health and Behavioural Sciences, Deakin University and ACHPER (Australian Council for Health Physical Education and Recreation). The pilot involved twenty four diverse schools acros Australia and the trial resulted in the allocation of funding to establish the MindMatters program

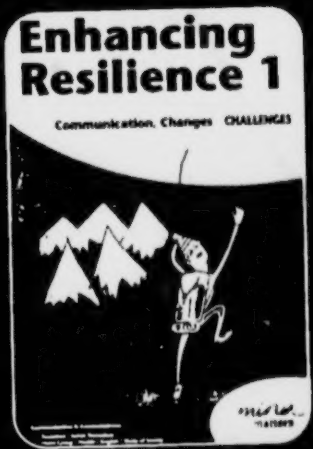
The program includes the publication and dissemination of the MindMatters resource kit a national professional development program, in-school support and a comprehensive we site with an online facility and newsletter. The project is managed by two national educatio bodies: APAPDC (Australian Principals Associations Professional Development Council) located in Adelaide and CC (Curriculum Corporation) based in Melbourne. There is national team of MindMatters staff, as well as state and territory based project officers.

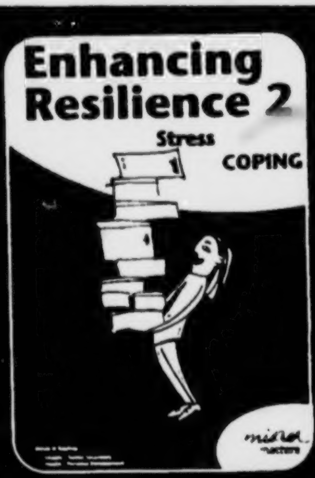
MindMatters is working alongside other projects and programs to promote the concept of building resilience and developing life skills in young people from an early age Resilience is essential for wellbeing and is underpinned by a sense of connectedness t others. For young people, their sense of belonging and connectedness with their famil and school is critical to their sense of self and wellbeing and their readiness for learning

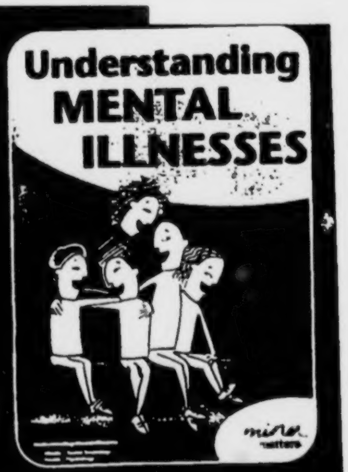
MindMatters is based on the Health Promoting School framework with an equal focus on partnerships an people working together across communities, th importance of ethos, environment and curriculum teaching and learning.

A particular strength of this program is its focus on the health and wellbeing of teacher alongside students, as well as parents and community members – indeed anyone wh identifies with and feels a sense of connection and belonging with the school communit The tools and audits included in the resource give recognition to what schools, staff, parent


A Whole School Approach to
Dealing with BULLYING & HARASSMENT
mind matters







and the community are already doing well, as well as identifying possible areas for action, taking a positive and developmental approach to mental health promotion.

A whole of school approach is integral to MindMatters, aimed at creating environments that are safe and secure and promote trust and help seeking. At the same time, individual teachers can use the MindMatters curriculum materials in the classroom in all areas of learning.

The curriculum units can be adapted to different school settings and communities and have clear links to the various state curriculum frameworks and syllabi currently in use across Australia. ***This makes MindMatters a 'value-adding' tool for teachers, rather than something 'extra' they have to fit into an already overcrowded curriculum.*** It is not only what is taught, but how we teach and work with young people that impacts on social and emotional wellbeing. MindMatters promotes the concept that every teacher is a teacher for mental health.

The new ***Community Matters*** resource explores diversity and wellbeing, stressing the close relationship between community, culture and identity. It pays particular attention to Aboriginal and Torres Strait Islander communities, people living in rural and remote areas of the country, sexual diversity, people with disabilities and people from non-English speaking backgrounds.

Enhancing Resilience, Bullying and Harassment, Loss and Grief, Understanding Mental Illness and Educating for Life are the titles of other books contained in the kit. ***School Matters*** completes the resource, which contains eight booklets, a video about understanding mental illness, plus the pre-existing National Mental Health Strategy brochures. The information and materials are based on both national and international research and the resource is well referenced, with an extensive bibliography on the web site.

MindMatters commenced in 2000 and is funded for a three year period until April 2003. There is currently a national team of five members overseeing the coordination of the program and its ongoing implementation through professional development and the web site. State and territory project officers are responsible for delivering the training and providing in-school support as requested.

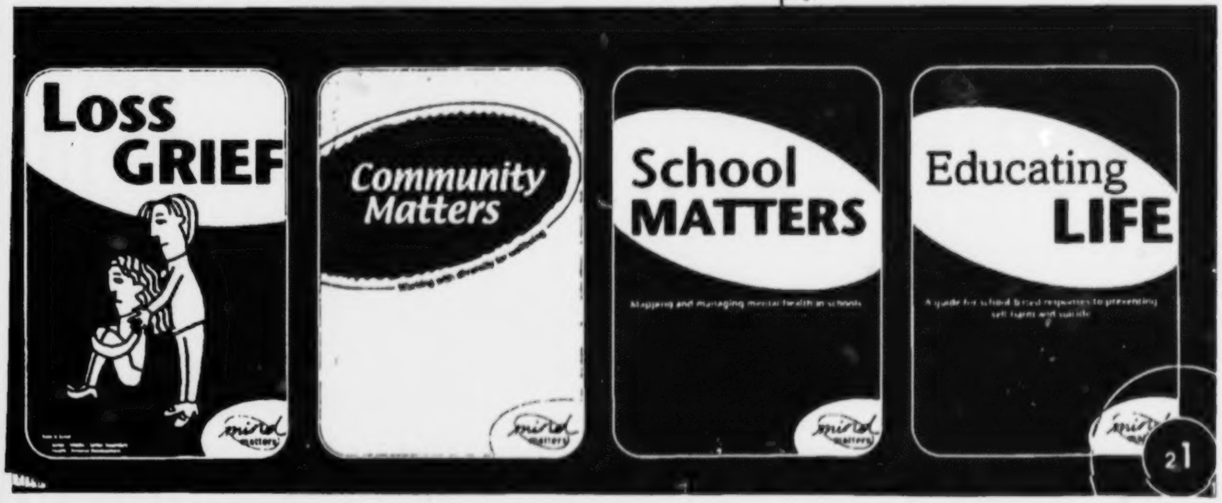
The evaluation of MindMatters will continue into a fourth year until April, 2004. This is being conducted by the Hunter Institute of Mental Health. It has three key components including outcomes of the professional development training program, outcomes for schools implementing MindMatters and in-depth case studies of fifteen schools, conducted over a two year period. This sample will include one government school from each state and territory, three Catholic schools, three independent schools and one community school.

By the end of 2001, over thirteen hundred schools across Australia had participated in professional development training and almost four thousand people. Participants have included teaching staff with various roles in schools such as assistant principals, year level coordinators, student counsellors and administrators, and teachers with an interest in the concepts of whole school approach and shared responsibility for wellbeing. The number trained also includes support workers and individual workers from community based organisations and government agencies, keen to link with and support schools in the promotion of health and wellbeing amongst young people and the community.

For comprehensive information about what is happening in your state or territory and all MindMatters details, refer to the web site at http://www.curriculum.edu.au/mindmatters.

For those without access to the internet, please contact Jo Mason, the National Coordinator on

Tel: (08) 8346 6911 or
Mobile: 0413 152 751.


Loss
GRIEF
mind matters
Community Matters
School
MATTERS
Mapping and managing mental health in schools
mind matters
Educating
LIFE
A guide for school based responses to preventing self harm and suicide
mind matters

"When Mental Illness Strikes, Information Is Power..." Says Barbara Hocking, Executive Director of SANE Australia

sane
AUSTRALIA

Promotion of early intervention and suicide prevention are integral to everything SANE Australia does, says Executive Director, Barbara Hocking. When someone develops a psychotic illness, they typically experience symptoms for a year or two before receiving help – leading to distress for the person involved and their family, and making subsequent treatment harder. Reducing this period of untreated psychosis is one of the aims of SANE Australia, the national mental health charity, especially by:

- community education (through its web site and a range of publications)
- promotion of good practice (through its Blueprint Guides for mental health professionals)
- stigma reduction (through the SANE StigmaWatch program)
- the SANE Helpline (a national 1800 telephone and online service)

SANE has recently published a range of new resources which target young people and mental illness, promoting increased understanding of mental illness, recognition of symptoms, and coping when you have a relative with a mental illness.

Something Is Not Quite Right

A pamphlet with checklists to help decide whether a young person's changed behaviour may be associated with psychotic symptoms, with suggestions and advice on seeking treatment and support.

SOMETHING IS NOT QUITE RIGHT

Something is Not Quite Right

When Sadness Won't Go Away

A pamphlet to help decide whether a young person's changed behaviour may be associated with symptoms of depression or an anxiety disorder, with suggestions and advice on seeking treatment and support.

SANE CD-ROM Guide to Psychosis

The SANE CD-ROM Guide to Psychosis is targeted at students, and is ideal for use by teachers and school psychologists. Using animated images and sounds, it conveys what it is like to experience psychosis for the person involved and their family and friends, as well as information about treatments. The CD is designed for use on Windows and Macintosh computers, and contains a link to the SANE web site for further information.

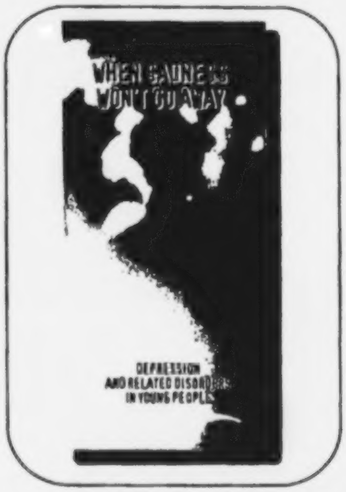
Joe's Diary

Joe's Diary is the latest SANE Guide, specially written for young people who have a family member with a mental illness. It was developed to help the young person better understand not only what is happening to mum or dad but also to give them tips about understanding mental illness and how to come to terms with their own feelings. Joe's Diary is written as a young teenager's journal, with full colour illustrations. It tells of Joe's experience with his mother's illness and addresses some common questions about mental illness and offers practical tips.

www.sane.org

See the SANE web site for:

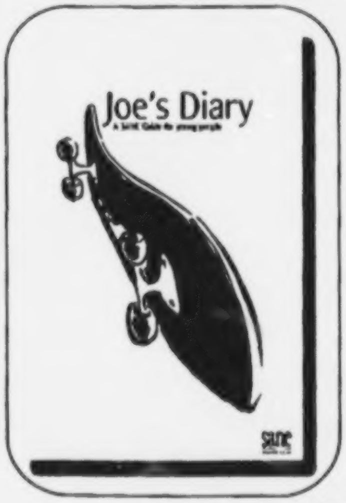
- Details of these and other publications at the SANE Shop
- Helpline Online
- Media Room
- Campaign Centre
- StigmaWatch – SANE's award-winning program which monitors the Australian media for inaccurate and offensive references to mental illness.


WHEN SADNESS WON'T GO AWAY
DEPRESSION AND RELATED DISORDERS IN YOUNG PEOPLE

When Sadness Won't Go Away

Psychosis
sane
SANE CD-ROM Guide to Psychosis

SANE CD-ROM Guide to Psychosis



Joe's Diary

Children Of Parents With A Mental Illness National Initiative

Australian Infant, Child, Adolescent and Family Mental Health Association Ltd (AICAFMHA)

In 1999, the Australian Infant, Child, Adolescent and Family Mental Health Association Ltd (AICAFMHA) undertook a national scoping project to identify the services available and future plans for services for children of parents with a mental illness. In March 2001, the report of this project was launched by the Minister for Health. In response to this report, the Commonwealth Government allocated funding for a three year national initiative to develop guidelines and principles for services and workers, and complementary resource materials for services/workers, parents and young people.

AICAFMHA, in collaboration with Auseinet and COMIC responded to an open tender process. Subsequently, AICAFMHA was successful in obtaining the contract to undertake the national initiative which began early in 2002. The project will progress through several stages beginning with a comprehensive national consultation. The consultation phase aims to include consultations with parents, children, mental health and education workers across all target age groups and services and across sectors who are concerned with children and families. ***Updates on project progress and planned activities will be posted on the AICAFMHA web site at http://www.aicafmha.net.au/ and notified via the AICAFMHA News email list (join from the AICAFMHA web site).***

The consultation strategies utilised will vary according to what is most appropriate for participants. Focus groups will be an important mechanism for communicating directly with stakeholders, particularly young people, who may not be experienced with or comfortable with more formal methods of consultation. Other strategies include questionnaires (hard copy and online), forums, telephone interviews with key stakeholders and information sharing and discussion through online noticeboards or email based discussion groups. Videoconferencing may also be utilised as a cost effective strategy to meet with representative groups from around Australia, including rural and remote sites, in a manner that will facilitate dynamic discussion and feedback. Incorporated in the consultation phase will be several discussion sessions during the first national ***Holding it all Together Conference: for all involved in meeting the challenges for children & families where parents have a mental illness*** to be held in Melbourne from 21-24 April 2002.

Complementing the national consultation is a research project planned for South Australia, involving a postal survey and small focussed discussions with psychiatric/mental health nurses working in adult mental health settings. The specific focus of this project was suggested to AICAFMHA by Ms Jan Thompson, a Lecturer in Mental Health Nursing in the School of Nursing and Midwifery at Flinders University. The project will be made possible by a joint funding agreement between the University and AICAFMHA. ***The survey will provide in-depth data about the level of knowledge held by psychiatric nurses working in adult mental health settings in regard to their statutory obligations pertaining to the children of their clients who have a mental illness.*** This data will be integrated with national sampling data from the broader consultations.

It is expected that the consultation phase will also ***contribute to identification of existing resource materials previously developed for a range of target groups.*** These resources will be reviewed and their ability to meet the needs identified by stakeholders evaluated. The consultation phase will complement the existing AICAFMHA databases in identifying key people who may wish to be involved in the project or contribute to guideline/principle development and resource review/development.

In ***2003,*** the project will move into a piloting phase. Piloting will occur across a range of settings and be formally evaluated to account for both the effectiveness of the resource materials and applicability of guidelines and best practice principles.

2004 will see the completion of production of the tools developed during the term of the project and the implementation of broad dissemination and support strategies informed by the consultation and piloting/evaluation phases.

The progress of the project will be tracked on the AICAFMHA web site at ***http://www.aicafmha.net.au*** The web site will also be utilised for activities during a number of the project phases. If you are interested in participating in the project and/or staying up-to-date with its progress, you may like to join the AICAFMHA News email list (**http://www.aicafmha.net.au/**) and receive our fortnightly News in Brief for all the latest details.

You can also register your interest in participating by leaving your contact details with Sue Garvin at AICAFMHA.

Contact options for AICAFMHA are:
PO Box 387, Stepney, SA 5069
Tel: 08 8132 0786
Fax: 08 8132 0787
Email: garvins@ozemail.com.au

Depression & Anxiety Screening Day NSW – 11 April 2002

Depression and Anxiety Screening Day NSW is a unique Mental Health Promotion project being coordinated by the *Mental Health Association NSW*.

Depression and Anxiety Screening Day NSW is designed to

- raise awareness about the effects that depression and anxiety are having on many members of our community
- to educate the public about their symptoms and effective treatments
- to offer individuals the opportunity to be screened for these mental health problems
- and to connect those in need of treatment to the health care system.

Screening days are currently being held regularly in the USA but this is the first time this mental health promotion activity has been implemented in Australia.

What is a Screening Day?

A Screening Day is one day in the year when people will be encouraged to visit their doctor, community centre, therapist or a designated screening location in order to assess their own current state of mental health, obtain more information about good mental health practices and mental health issues, and to access information and referral to support services and the appropriate care that the person may require.

How will Screening be performed and who will conduct the screening process?

The *Mental Health Association NSW* will make available a screening model which can be administered by health professionals and mental health workers so that screenings are accessible to a greater number of people and information can be provided to those who may need ongoing support and care.

Where will screenings be held?

Depression and anxiety screening locations will be set up in city centres and throughout rural and regional NSW. These screening locations could take the form of an information stall in local shopping centres, community centres, primary and high schools, universities and in other accessible community venues. Screenings will also be conducted over the telephone or over the Internet via a secure web site.

Who should be involved?

Mental health professionals, mental health workers, consumers, carers and others interested in early intervention and prevention in the area of mental health.

What information and resources will be available for people coordinating and conducting the screening day?

Participants will be provided with detailed information kits and promotional materials to assist them to coordinate activities in their local area. Ideas for materials to date include fact sheets, magnets, badges, posters, postcards and screening questionnaires.

How can I get more information about the Screening Day?

If you have any questions or would like to receive more information about Screening Day please contact Linda Berrigan on **(02) 9816 1611 (ext 204)** or by **email: lberrigan@mentalhealth.asn.au**

Early Intervention Programs:

The Family CARE Program, QLD – The Best Beginnings Program, WA

During the last two years, professional home visiting programs have been initiated in Queensland and Western Australia. These home visiting programs are based on research conducted locally[1,2,3] and overseas[4,5] investigating the efficacy of such programs to vulnerable families during the antenatal period and the first years in the life of a newborn.

The ***Family CARE Program in Queensland*** is now fully operational in four health districts and is to be expanded to a total of 22 districts within the current financial year. The ***Best Beginnings Program in Western Australia***, which is based on the Queensland model, currently operates in two sites and will shortly be expanded to a further three sites, two metropolitan and one country. Both the Queensland and Western Australian Governments have made significant financial commitments to the introduction of and expansion of the scope of these programs.

In Queensland, the *Family CARE Program* has been integrated with the *Domestic Violence Initiative* to become the ***Early Intervention for Safe and Healthy Families Initiative.*** The *Domestic Violence Initiative* involves training and supporting health practitioners in the administration of an evaluated screening instrument that has proven acceptable to 98 percent of clients. ***The integrated approach provides an acceptable and effective***

early intervention for clients exposed to family violence and other key risk factors in the antenatal period.

In both Queensland and Western Australia, families are recruited to the programs predominantly from antenatal care where staff have been trained to ask sensitive social questions of women presenting for care. Eligibility for recruitment is based on disclosure of one or more key risk factors, most specifically domestic or family violence, maternal mood disorder, or financial stress. Referrals to the programs are also obtained from other sources such as adult mental health services, alcohol and drug agencies, general practitioners, paediatricians, psychiatrists and child health nurses.

The programs involve assigning to the family a primary professional health worker (Indigenous health worker or child health nurse) who undertakes a structured home visiting program, commencing with antenatal visits followed by up to 15 postnatal visits until the infant is one year of age. ***The professional health worker is supported by a multi-disciplinary team involving a social worker, a psychologist, a senior paediatric/child health nurse and a medical practitioner, usually a paediatrician.*** The team undertakes case conferences with the professional health worker. The social worker and/or psychologist may become involved with the family through direct work with one or other of the parents and/or partnership counselling. This is particularly so when the professional health worker detects problems with the primary caregiver-infant attachment relationship, where maternal mood disorder is identified or where there is family violence. This intervention occurs primarily in the home.

Case conference is also the venue for other professionals involved with the family to be invited and for coordination of care to be arranged. ***This may involve general practitioners, mental health workers, drug and alcohol services, Department of Families, volunteer organisations, domestic violence workers, Relationships Australia workers and others on a case by case basis.*** Each district has its own steering committee and coordinator. An intensive five-day training session is provided for staff involved in service delivery, antenatal care staff, other hospital and community health staff, education personnel and workers from the local Department of Families. In Queensland, over 300 participants have attended the training sessions and a train the trainer package is being developed and will be initiated early in 2002.

In addition to a home visiting guide for staff, other resources have been produced including brochures, fridge magnets, posters, birthday cards for the infants' first birthday, and award certificates for parents on the program.

The *Best Beginnings Program* is based on the *Family CARE* model and is one of a suite of early services delivered in a partnership arrangement between the *Department of Health* and the *Department for Community Development*.

Like Family CARE, Best Beginnings uses a multidisciplinary approach to case management. However, the program is delivered through Community Development rather than Health. Both Health and Community Development staff contribute to team conferences which may also include other qualified medical personnel, for example GP's.

The other variation is that the home visitors (parent support workers) may have a range of professional qualifications including nursing, social work, early childhood, psychology or other behavioural science. ***A focus is on ensuring that the program is suitable to meet the needs of Indigenous families.***

Families may continue in *Best Beginnings* for up to two years, and like *Family CARE*, the program starts ideally in the antenatal period.

The programs have a strong evaluation component that provides demographic details and outcome measurements.

To date over 550 families have been enrolled in Queensland and over 80 in Western Australia. Full year data from Queensland indicates that the program is successfully recruiting the most at risk families in the trial sites and is demonstrating outcomes in rates of immunisation; demonstration of sound knowledge of factors contributing to risk of Sudden Infant Death Syndrome; development of relationship with specific general practitioner (as opposed a general practice); high level of client satisfaction and positive feedback about the program; integration of health services (antenatal, ambulatory/community health, child health, mental health, alcohol and drug services) with other services, especially general practitioners.

For more information regarding these home visiting programs contact:

Ms Marilyn Chew
Principal Project Officer
Child and Youth Health Unit
Queensland Health
GPO Box 48
BRISBANE 4001
Tel: (07) 3234 0438
Email: Marilyn_Chew@health.qld.gov.au

Dr Ken Armstrong
Senior Paediatrician
Child Advocacy Service
Community Child Health Services
PO Box 1507
FORTITUDE VALLEY 4006
Tel: (07) 3250 8629
Email: KennethL_Armstrong@health.qld.gov.au

Ms Donna Legge
Senior Service Design Officer
Industry Development and Service Specification
Department of Community Development
Western Australia
Tel: (08) 9222 2818
Fax: (08) 9222 2990
Email: donnal@fcs.wa.gov.au

References

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2. Armstrong, K.L., Fraser, J.A., Dadds, M.R. and Morris, J. 'Promoting secure attachment, maternal mood and child health in a vulnerable population: a randomised controlled trial'. *Journal of Paediatrics and Child Health*, 2000, 36, 99 555-567.
3. Cadzow, S.P., Armstrong, K.L. and Fraser, J.A. 'Stressed parents with infants: recognising physical abuse risk factors'. *Child Abuse and Neglect*, 1999, 24, pp 845-855.
4. Olds, D.L., Henderson, C.R. and Cole, R. 'Long term effects of nurse home visitation on children's criminal and anti-social behaviour'. *Journal of the American Medical Association*, 1998, pp 1238-44.
5. Schwienhart, J.L., Barnes, H.V. and Weinhart, D.P. 'Significant Benefits: the High/Scope Perry School Study through age 23'. High/Scope Press, Ypsilanti, 1993.

Pictures Tell The Story

The Pictures Tell The Story Postcard Series is a health promotion project conducted within the YPPI (Young People Prevention and Intervention) Program, NSW Central Coast - Mental Health. The YPPI Centre is **a youth mental health service for young people experiencing first episode psychosis.** The series aims to provide information and inspiration towards recovery for young people, friends and carers. Recently the project received a NSW Mental Health Matters Award for 'Consumer Initiative' as part of Mental Health Week 2001.

The difficulties in engaging young people into mental health services are universally acknowledged. Young people are perhaps more interested in **'how' something is communicated rather than 'what'** is being communicated. This is why processes that are meaningful, dynamic and 'stir' the soul are most likely to succeed.

The Pictures Tell The Story Postcard Series is a culmination of images and personal stories of recovery by young people who have participated in the **Arts Based Recovery Program** at the YPPI Centre.

The majority of the images on the postcards have been commissioned; young people on the YPPI program paid as 'emerging artists' to produce works around the theme of psychosis. Commissioning art works is a clear message to young people that their input and their artmaking is of value. The young artists involved have received an artists' brief and contract, in the process gaining additional business skills.

This process has created a dynamic of 'respect' and 'validation' for young people's knowledge.

The images are eclectic in technique, vision and use of artistic media. They are linked with a shared faith in the power of highly personal images in an increasingly faceless society. They don't smooth over the rough edges of psychosis. These works exhibit a definite edge sometimes expressed through irony, through turning dreams upside down, through brash colours, through exaggeration, humour and very often through a drive to find meaning, passion and purpose as an artist.

The visual art used in the postcard series is excellent for health promotion in mental health as it has the power to work across language and cultural barriers.

With the premise that 'a picture paints a thousand words', we as the viewer have the opportunity to come to our own conclusions. The response to the images has been varied. While some find the images confronting and provocative, others appear to identify and experience reassurance. As one of the young artists commented:

"This project helps me express what I am feeling in another way. It showed that other people are experiencing the same thing. We can understand it (psychosis). Most artists are visual with more insight through looking at things instead of reading things."

The stories of recovery on the reverse side of the postcards add another layer. Storytelling can provide ways of expressing inner experience, communicating an intuitive understanding of one's life. It can reinforce the imaginative framework, give validity to important feelings, promote insights, nourish hope, reduce anxieties and provide a positive outlet for fantasy.

Ultimately the postcard series delivers a process for young people on the program to share their experiences. This lessens isolation and forms a sense of belonging and connection for a group of young people who are often marginalised.

For the viewers, the postcards deliver a provocation, and ultimately reassurance that recovering from psychosis is achievable.

The Face

Freedom Of Release

For more information contact:

Zoe Scrogings
Creative Arts Youth
Mental Health Worker
YPPI - Young People
Prevention and Intervention
89 Holden St,
Gosford NSW 2250

Tel: (02) 4320 2578
Fax: (02) 4320 2779
Email: zscrogings@doh.health.nsw.gov.au

Keeping Families Connected (KFC)

In 2001 Carers ACT received funding from the ACT Government/Canberra Community Foundation to run a pilot project for carers of young people with a dual diagnosis. Dual diagnosis or comorbidity, as it is commonly called, simply means two sets of symptoms presenting at the same time. For our purposes this means a person who has mental health issues and symptoms arising from illicit drug use.

The ***National Comorbidity Study*** released in 2001 highlighted problems experienced by parents of people with a dual diagnosis when seeking help and information since invariably there are two agencies involved.

Confidentiality barriers are also confounding for carers who may be managing extreme behaviours and delusory thinking and yet do not have access to important medical information. The emotional toll on parents of these young people is enormously complex. ***Parents feel caught in a double bind between keeping their child alive and out of jail and having a life of their own.***

In July Carers ACT began working with seven adults from three families made up of siblings, parents and a grandparent. The program was designed in two parts to provide support, education and specific skills training for carers. During part one carers met for six consecutive weeks to learn more about mental illness and drug use and to share their stories. This group of carers elected to meet monthly in an ongoing support group. Part two was delivered as an intensive over three, three hour sessions. Two facilitators ran the sessions and another attended as a critical observer.

Content for part two was developed in collaboration with Dr Sandi Plummer, head of the School of Counselling at the University of Canberra, to devise a skills training program based on Dialectic Behaviour Therapy (DBT). DBT is a mix of psychotherapy and skills training based in a Cognitive Behaviour Therapy (CBT) framework. DBT was devised by Marsha Linehan and differs from CBT in some very distinctive ways.

- **It relies on a dialectic or paradox in treatment. This paradox confirms the extent of a client's dysfunction and simultaneously supports the need for change.**
- **It presupposes a fundamental lack of social skills in the client and undertakes to teach them.**
- **It draws from Buddhist practices of mindfulness and living in the present and teaches them also.**
- **It acknowledges the toll taken on therapists in working with people with a dual diagnosis and recommends consultation groups for therapists.**

DBT programs have been shown to have positive results, relative to other therapies, among suicidal young women with borderline personality disorder. More recently DBT has been extended into other areas of the therapeutic community especially working with young people who are suicidal and young women with eating disorders. Following some work begun in the USA with parents, Carers ACT designed the skills group for parents and siblings with a view to providing practical tools for change. The aim of these sessions was to enhance parents' awareness of their own need for self care and to build upon listening and communication skills.

Facilitators learned a great deal by running this pilot and Carers ACT has now secured two years funding under a grant from the Australian Department of Health and Ageing. Whilst there are many modifications to be made as we begin a new series of workshops, the overall result has been very successful for many reasons. Without exception, carers reported the benefits of being with others who understand what they are going through.

Both facilitators from the pilot believe that this project has great potential to deliver real support to a client group who are often overlooked. During 2002, Carers ACT will run two courses through Keeping Families Connected.

For more information call 1800 242 636

The Queensland Mental Health Community Development Strategy

A community development approach is becoming increasingly accepted as important for mental health promotion and prevention. One current statewide intervention utilising such an approach is the ***Queensland Mental Health Community Development Strategy,*** developed by the *Mental Health Branch of Queensland Health*. First implemented in 1993, it aims to foster the development of community responses to Australia's mental health policy.

Thirteen state funded community development officers (CDOs) are employed throughout the state (Southport, Kingston, Capalaba, Redcliffe, Toowoomba, Roma, Maroochydore, Bundaberg, Rockhampton, Mackay, Townsville, Mount Isa and Cairns), in each site auspiced through a non-government organisation.

The objectives of the Strategy are to:

- Increase the capacity of people with mental illness to take a full part in community life and to be involved in the quality improvement of mental health services
- Increase community capacity to respond to people with mental illness, families and carers
- Increase mental health consumer access to community resources
- Raise community awareness about mental illness
- Enhance community wellbeing

The role of the CDO is therefore a broad one and involves working with a diverse range of community, government and corporate partnerships. Specific activities involve facilitating community planning processes, supporting consumer involvement in mental health service reform processes, ongoing support of consumer based services and groups, supporting other consumer driven community projects, increasing community awareness of mental health issues and broader community mental health promotion and prevention.

Community mental health promotion and prevention has become an increasing focus of the CDO's and they have been involved in a diverse range of initiatives depending on the needs and context of their respective communities. In late 1999 the new position of a mental health promotion and prevention resource officer was developed to support this work. ***To date CDO work in addressing promotion and prevention has included:***

- Supporting the development of a range of community action, education and support groups addressing issues such as anxiety, depression, domestic violence, youth issues, issues for older people and recovery from mental illness
- Media strategies including regular radio and newspaper contributions addressing wellbeing and mental health literacy
- Community mental health promotion activities in primary and secondary schools, in workplaces, at community events including rural field days and during mental health week. These activities include provision of information and workshops/discussion groups to enhance understanding of mental illness and maintaining wellbeing
- Supporting the introduction and implementation of workplace policies to reduce workplace anxiety/stress and the pressures of balancing work and family
- Exploring health issues and barriers to accessing employment and health services for new migrants, including refugees
- Enhancing the capacity of workers to respond effectively to Indigenous mental health issues by facilitation and promoting community workshops

For more information contact:
Mary Whiteside
Tel: (07) 4050 3646
Email: mary_whiteside@health.qld.gov.au

Research on Mental Health Promotion in Australia

Cathy Davis

I am undertaking research into mental health promotion in Australia as part of my doctoral studies at the University of Canberra. My research involves an examination of the emergence of mental health promotion policies and programs in Australia, and focuses on their implementation. As part of my research, I am keen to identify and survey mental health promotion programs in each state and territory. If you are involved in a mental health promotion program and are willing to complete a questionnaire about the program, please contact me. Your assistance would be greatly appreciated.

Cathy Davis
PO Box 256
Dickson, ACT 2602

Email: *c.davis@signadou.acu.edu.au*

Tel: (02) 6209 1158

The Power To Choose -
Change Your Mind, Change Your Life

This eight week course was developed for use in response to **an increased awareness of the need for primary mental health promotion in rural communities,** especially following recent years' economic and environmental degradation and collapse.

It is a primary mental health promotion, prevention, and early intervention program targeted universally at people who are **seeking strength and personal fulfilment in day-to-day living.** It is for people who want to find a better way to manage and improve their relationships with themselves and other people.

The course offers eight 2$^1/_2$ hrs sessions for adults during the school term. Activities include short lectures, large and small group discussions, experiential exercises, visualisations, guided imagery and meditation. Broken into four simple themes (acceptance, validation, joining and choice), the course offers participants the opportunity to integrate the body, mind, spirit and heart while looking at the following content areas:

- **Self-acceptance and self-esteem**
- **Communication and relationship skills**
- **Grief and loss**
- **Living with change**
- **Coping skills**
- **Forgiveness of self and others**
- **Personal responsibility**
- **Being teachers of peace of mind**

Each session provides participants with the opportunity to apply real life events to the current week's topic. An element of peer support is nurtured throughout the course. Clear guidelines for sharing and confidentiality are established and participants are encouraged to bear witness to each other in facilitated **"Wisdom Circles"** as they explore their hearts, feel their feelings and reconnect to their inner strength and wisdom.

Upon completion of the course, participants have the opportunity to continue with the *Wisdom Circles,* which are facilitated by one or both of the course facilitators on an ongoing basis.

This course has been piloted successfully in three Great Southern, Western Australian rural communities: Gnowangerup, Mt Barker and Denmark. It is hoped that this work will continue and expand through the training of course facilitators around the region.

For more information please contact Marc Zweier at Great Southern Mental Health Services on...
Mob: 0438 944 396 or
Email: leanmarc@iinet.net.au

What's New At PARC?

The **PARC Electronic Library of Primary Mental Health Care Resources** has been established to gather and make available mental health publications and resources of use in primary care. It is free, available through the PARC web site at **http://som.flinders.edu.au/FUSA/PARC** and is searchable on line.

The PARC web site has recently been given a new look. New features are:

- A **Shared Care Toolkit** which provides information and resources for practitioners on many aspects of their mental health program activities such as needs assessment, program planning, evaluation, consumer participation, memoranda of understanding, epidemiological resources, outcome measures and more as well as giving assistance with locating information on the Internet, accessing and using bibliographic databases and accessing relevant literature.
- **Comorbidity web pages** which provide Principles of Care developed during our Comorbidity study to guide practice as well as many resources to assist practitioners in this difficult area.

PARC provides a comprehensive **reference service** to assist with the location and retrieval of information and resources for program implementation, education, research or organisational development;

To access PARC's many services please contact Eleanor Jackson Bowers on...
Tel: (08) 8204 5917 or
Email: parc@flinders.edu.au.

Check out the web site and Electronic Library at...

http://som.flinders.edu.au/FUSA/PARC

You may find just the thing you have been looking for.

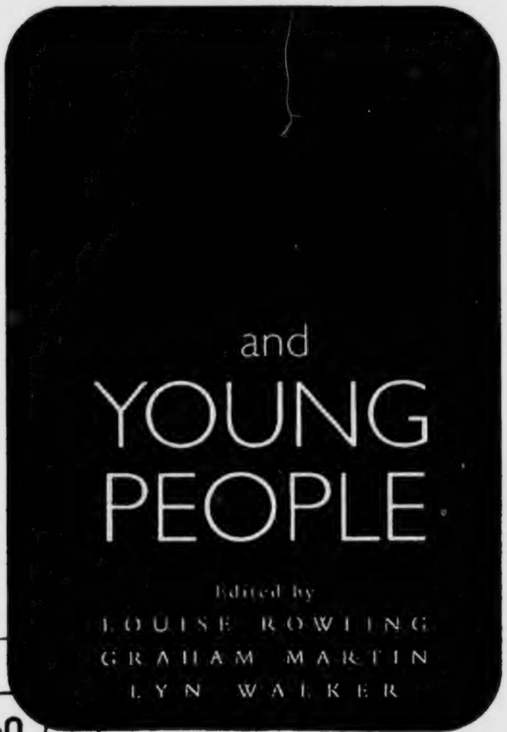
BOOK & OTHER RESOURCE REVIEWS

Mental Health Promotion & Young People -
Concepts & Practice

This volume provides a major reference point for the practice of mental health promotion with young people in Australia.

It presents an optimistic view of what has and can be achieved in relation to the active promotion of the mental health of young people in this country. Several of the contributors have been directly involved in shaping the field through their participation in the development of the *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000*. This volume proceeds to build upon the Action Plan by advocating for and moving towards the practical application of the principles espoused therein. *(Unfortunately the Editors couldn't resist the urge to include the now ubiquitous Mrazek and Haggerty Spectrum!)*

By selecting a range of specific areas and concerns the Editors have started to crystallise the theoretical debate and helped to illuminate for mental health practitioners how mental health promotion can be applied to their everyday work with young people. Too often in the past practitioners have expressed the view that mental health promotion is all very well as a 'feel-good' exercise but has little relevance to the clinician working at "the pointy end". This volume serves to start to break down this view and support those who have always believed that it is possible and indeed an obligation to work in mental health promoting ways at all levels of human service intervention. There is no longer any excuse particularly with young people to view them simply as a 'case' or a 'diagnostic category'. As pointed out by Cindy Turner in her chapter, mental health and wellbeing incorporates ***"...all those factors which impact upon a young person's health and wellbeing – unemployment, recreation, school, services, family and anything young people identified as important to them."*** *(p.101)*



This volume also points the way for those who interact with young people in other than clinical environments. The school environment is particularly well covered with a range of perspectives from Stephen Johns chapter on delivering mental health services in schools through *MindMatters, School Profiling, Gatehouse and RAP*. The New Zealand experience with *Mentally Healthy Schools* is described. Young offenders, same-sex attraction, the net, Indigenous youth and suicide prevention are also covered.

Kym Scanlon puts the point succinctly when she states that ***"Mental health promotion focuses on improving environments (social, emotional and economic) that affect mental health and enhancing the coping capacities of communities and individuals."*** p.58 (my emphasis). To fail to address the risk factors and protective factors associated with mental ill-health in young people is akin to teaching assertiveness skills to a survivor of domestic violence... and then sending her back home to the perpetrator.

As Patton, Olsson and Toumbourou illustrate in their review of the evidence, much has been done and much remains to be done in producing a firm evidence base for future mental health promotion interventions. Far from being discouraged we should all see this as both a challenge and an opportunity. This volume points out many of the areas that are pregnant with mental health promotion opportunities. Perhaps the last word should come from Louise Rowling and Graham Martin:

"This book documents the dialogues between policy makers, researchers, practitioners and young people;

diverse experiences and reflections; and developing the practice of mental health promotion for young people based on social determinants of health. Not all of this practice convinces a health audience. In 10 years time the solid evidence may be expanded to demonstrate that these programs contributed to a shift in mental health for young people as a population group. Currently we are still involved in that journey." (p.266)

I thoroughly recommend this book to all human service providers and educators. Get it, read it and discuss it with your colleagues!

Clive Skene
Clinical Director
Southern CAMHS
Flinders Medical Centre

Hatters? It's What You Think That Matters!

The idea for this 128 page full glossy paperback grew from the observance that many mental health services clients are very talented with no outlet for expression be it poetry, photography, art or short stories. The ***Parkside Consumer Advisory Committee,*** which is the consumer advisory arm of the ***Parkside Community Mental Health Team in Burnie, Tasmania,*** took this project to heart and began fundraising to enable the works to be published. ***Hatters? It's What You Think That Matters!*** was launched during Mental Health Week 2001.

It has not however been without controversy. ***The title, Hatters? It's What You Think That Matters! is obviously a play on the term "mad as a hatter".*** People living with a mental illness continue to fight discrimination and battle against negative community stereotypes, hence the all important question mark after *Hatters?* What lies behind it is a story of human suffering familiar to many of those living with mental illness and their families. The term derives from an early occupational disease acquired from making felt hats. A complicated set of processes was needed to turn fur into a finished hat. An early step was to brush a solution of mercury compound – usually mercurous nitrate – onto the fur to roughen the fibres and make them mat more easily. Hatters working in poorly ventilated workshops would breathe in the mercury compounds and accumulate the metal in their bodies eventually leading to kidney and brain damage. Symptoms included irritability, loss of memory, depression, anxiety and other personality changes. This became known as ***Mad Hatter Syndrome.***

The cover of the book is a collage of a woman with the caption: ***"Sometimes you wake up in the morning and don't know who or what you are. But you smile anyway".*** Don't we all feel like that some days?

The people who contributed to this publication ranged from those in acute psychiatric care to those working within, and contributing to their communities. ***All suffer, or have suffered from some form of mental illness or disorder. Statistics show that one in five of us may at some time be 'as mad as a hatter'. That however does not mean we lose our hopes, dreams, talents and ambitions.***

There have been many positive spin-offs from this book. One of the contributors was offered a training program in a graphic arts department, another started creative writing, a young contributor enrolled in an arts course and yet another talented artist, who had been isolated for many years, joined a local art group. Many have had a huge boost to their self esteem and confidence.

This book truly is a 'book of talents'.

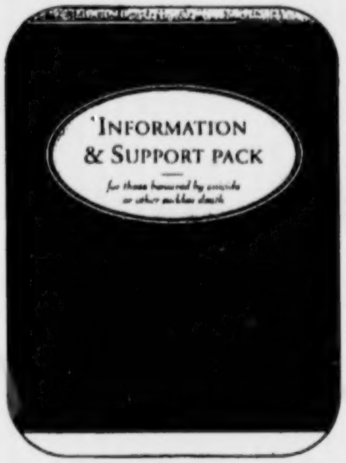
Copies may be purchased by sending a $15.00 (inc. p & p) money order to:

Parkside Consumer Advisory
Committee
PO Box 258,
Burnie, TAS 7320

Hatters?
It's what you think that matters!
A Book of Talents by
Consumers of Mental Health Services

Hatters? It's What You Think That Matters!

Information Support Pack For Those Bereaved By Suicide Or Other Sudden Death



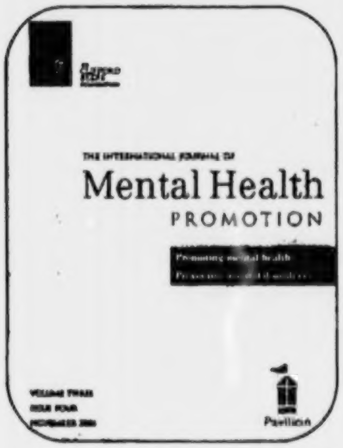
Information & Support Pack For Those Bereaved By Suicide Or Other Sudden Death

The ***Information and Support Pack for those Bereaved by Suicide or other Sudden Death*** has been produced by the *Ministerial Council for Suicide Prevention* (previously known as the *Youth Suicide Advisory Committee*). The Pack includes information sheets on a whole range of aspects associated with grief and loss – Information sheet titles include:

What Helps?; Friends Can Help; Country Services; Support Services; Books and Web sites; Practical Matters; Grieving Aboriginal Way; Early Grief and Mourning; Emotions During Bereavement; Children and Grief; For Teenagers; Questions About Grief; Suicide Bereavement; The Future.

Copies of this pack can be downloaded from the Ministerial Council for Suicide Prevention site at: ***http://www.ichr.uwa.edu.au/sp/*** (click on button on home page titled *Bereavement Pack*)

The International Journal Of Mental Health Promotion



The International Journal Of Mental Health Promotion

The International Journal of Mental Health Promotion is a unique journal which coordinates the dissemination of new research outcomes to program developers and to those who are involved in policy making and the implementation of mental health promotion and mental disorder prevention policies in local or national communities.

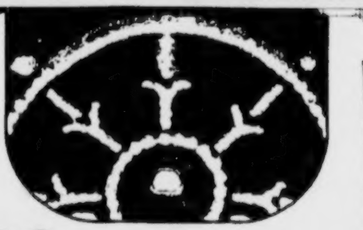
This journal is published by the **Clifford Beers Foundation** – an international charity registered in the UK, "to promote the protection and preservation of good mental health of persons irrespective of gender, race, colour, creed or place of residence and to advance education for the public benefit in all matters relating to mental illness/disorder and to take the steps necessary to protect and preserve good mental health."

Topics for 2002 include:

- Mental health promotion for children – achieving a balance
- Mental health promotion – a valid concept?
- Developing a comprehensive workplace mental health promotion strategy
- Dissemination of research outcomes and the replication of effective practices
- The value added benefit of developing partnerships

More information and subscription details can be found on the web site at:
http://www.charity.demon.co.uk/journfly.pdf

DA Information Services is an Australian distributor of this Journal:
http://www.dadirect.com.au/



ON THE WEB:
Reviews & Other Sites

Web Site Reviews

Australian Indigenous Health*Info*Net
http://www.healthinfonet.ecu.edu.au

This site contains information about all aspects of Indigenous health and wellbeing, the underlying philosophy being that **"health is the social emotional and cultural well-being of the whole community"** (from home page). The link to mental health is in the *Specific Aspects* listing from the *Health page*. On this page there are also a number of links to recommended readings including full text journal articles, reports, conference abstracts and theses. All content is assessed and updated by a team of consultants. The range of information contained in this site is comprehensive and simple to access. The whole site is well constructed, visually attractive and easy to navigate.

Centre for Suicide Research
http://cebmh.warne.ox.ac.uk/csr

Based in the University of Oxford's Department of Psychiatry, this site focuses on the **"investigation of the causes, treatment and prevention of suicidal behaviours"**. The main feature of this site is its extensive bibliographic listing of relevant books and journal articles. The site is more of a starting point to further research rather than providing end search content, although there are some links to full text articles and resources (such as the Bereavement Kit). Contains many links to international suicide related organisations and events.

Australian Mental Health Consumer Network
http://www.amhcn.com.au

This network was established in 1996 at the Brisbane Conference on Mental Health in response to consumer needs. The site is maintained by members from all states, with an aim to encourage consumer participation in sustaining mental health and influencing the community in mental health issues. It provides access to regular newsletters, events, an online forum, and a comprehensive listing of state-by-state services. Also has a useful links page. The network has a strong emphasis on canvassing consumer feedback and opinions on a range of issues about the care, treatment and rights of people with mental health problems.

Free Medical Journals
http://www.freemedicaljournals.com

With so many journals offering a bewildering array of free trials online, *Free Medical Journals*, is a site that will keep on top of part of this changing landscape for you. The site maintains a list of journals that are completely free, free after a certain time has elapsed, for example, twelve months, or which are offering a free trial period. There is also a listing of publications that have ceased to be free, or whose trials have ended. You can look for publications alphabetically, or by specialty. Just click on the desired link to go directly to a journal's web site. The site also offers an alerting service which will notify you when new, free medical journals go online.

OTHER SITES OF INTEREST:

Aboriginal and Torres Strait Islander Social Justice Pages
www.hreoc.gov.au/social_justice

Australian Mental Health Consumer Network
www.amhcn.com.au

COMIC – Children of Mentally Ill Parents
www.angelfire.com/home/comic

Australian Rotary Health Research Fund
www.rotarnet.com.au/ARHRF/research/research_frameset.htm

Australian Women's Health Network (AWHN)
www.awhn.org.au

Australian Institute for Suicide Research and Prevention (AISRAP)
www.gu.edu.au/school/psy/aisrap

International Association for Suicide Prevention
www.med.uio.no/iasp

Suicide Information & Education Centre (SIEC, Alberta, Canada)
www.siec.ca

Suicide Prevention Information New Zealand (SPINZ)
www.spinz.org.nz

WA Ministerial Council for Suicide Prevention
www.ichr.uwa.edu.au/sp

Child and Adolescent Bipolar Foundation
www.bpkids.org

Kids Help Line
www.kidshelp.com.au

MindMatters
www.curriculum.edu.au/
[illegible]

Conference List –
March – July 2002

Australian Indigenous Health Conference
17 March 2002 to 19 March 2002
Coolangatta, QLD, Australia
For further information:
Indigenous Conference Services Australia
16 Olden Court, Hydeaway Bay, Qld 4800
Tel: (07) 4945 7122
Fax: (07) 4945 7224

Expanding the Vision for Youth Health and Wellbeing
21 March 2002 to 22 March 2002
Melbourne, Australia
For further information:
Susan Stevens – Conference Organiser
Centre for Adolescent Health
2 Gatehouse Street, Parkville, VIC 3052
Tel: (03) 9345 6917
Email: stevenss@cryptic.rch.unimelb.edu.au
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Web Site: www.suicidology.org/call2001.pdf

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International Women's Conference
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Electronic Networks - Building Community: 5th Community Networking Conference
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Auseinet has released a range of publications. They are available on our web site and can be downloaded. Alternatively they can be purchased from the Auseinet office. We also have available two videos which can also be purchased (details below).

EARLY INTERVENTION BOOKS

Model projects for early intervention in the mental health of young people: Reorientation of services. A guide for professionals and health administrators considering reorienting their own service.

Early intervention in the mental health of young people: A literature review.

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- **Early intervention in conduct problems in children**
- **The psychological adjustment of children with chronic conditions**

VIDEOS

"Youth Suicide: Recognising the Signs" – An instructional video toward the danger signals when dealing with young people, providing practical advice on how best to approach them. A video for school counsellors, health professionals, youth workers.

"Out of the Blues: A Video about Young People and Depression" – A training package providing examples of how young people may present and the various treatment approaches that can help.

See details overleaf for ordering.

Publications Order Form

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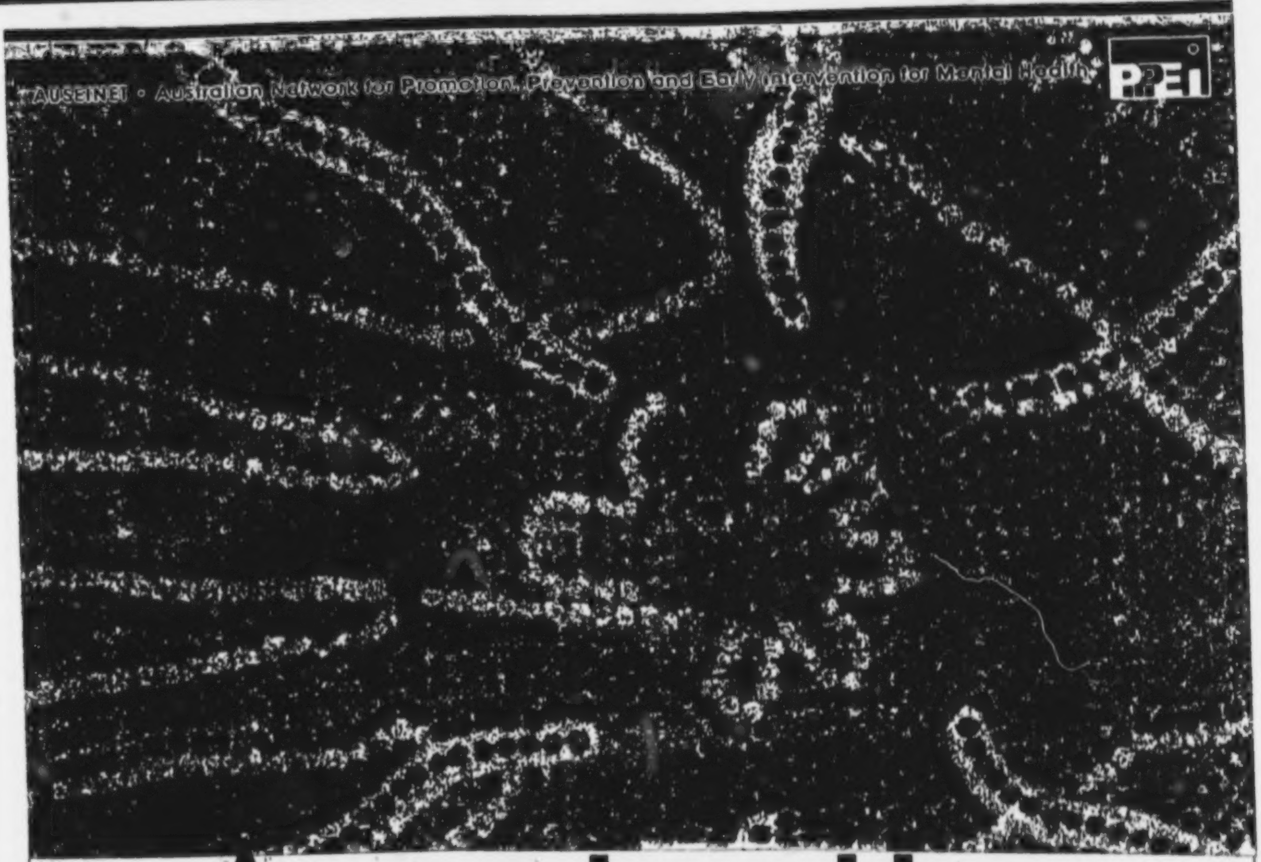
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Auseinetter

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Funded under the National Mental Health Strategy by the Commonwealth Department of Health & Ageing.

Comment -

Jennie Parham - Project Manager

How the time goes ever so quickly. Its now mid-year. Its very exciting to see the mailing list for the Auseinetter grow and that people are finding this a helpful and valuable resource. Keep encouraging others to read it and please give us any feedback that will help ensure that it continues to meet your needs. I would like to take this opportunity to thank all those who have contributed to this issue.

Its a busy and exciting time at Auseinet and I want to highlight a number of important developments. We are gearing up for our Forum to be held from September 15-17th here in Adelaide. It promises to be a stimulating two days with a diversity of eminent invited speakers. The Forum has been structured in such a way to provide opportunity for discussion and debate of the issues that are so important in the progression of PPEI initiatives in Australia. We are particularly delighted to have Michael Murray, CEO of the Clifford Beers Foundation as our international keynote speaker who will also be a Visiting Fellow to Auseinet for two weeks following the Forum. In that time, he will be conducting a seminar tour of Australia. The dates and times of Michael's seminars around Australia will be posted on the Auseinet web site as soon as they have been confirmed. There has already been a lot of interest in the Forum from a wide range of people and sectors which is very encouraging. A comprehensive registration booklet is enclosed and I urge you to consider participating in this important event.

Auseinet is really pleased to announce that the Commonwealth has extended our funding to the end of June 2003 enabling us to have some continuity in progressing our work.

Another exciting development is that Auseinet is involved in two additional Projects, funded by the Commonwealth Department of Health and Ageing in partnership with other organisations. They are the CommunityLIFE Project and the Media Dissemination Project.

The CommunityLIFE Project aims to build community capacity for suicide prevention and is based on the LIFE Framework, a comprehensive framework for suicide prevention activities in Australia. The Project will have both a mainstream and Indigenous component. This Project is being managed by a consortium of partners including, Curtin University, Centre for Developmental Health, SPA (Suicide Prevention Australia) and Auseinet. Auseinet's key role in this Project will be in the development of the communications infrastructure and in supporting the co-ordination of the Indigenous component of the Project. This is a very substantial and significant Project for Auseinet to be contributing to.

The Media Dissemination Project has arisen out of the work of the National Media and Mental Health Group. It involves the dissemination of resources that have been specifically designed for the media to assist them in reporting on mental health issues including suicide. This Project is being jointly managed by the Hunter Institute of Mental Health, SANE, University of Queensland and Auseinet. Auseinet's role will be to develop and maintain the web site and to manage the dissemination process. We are delighted to be involved in such an innovative and important Project.

Involvement with these Projects has enabled formal and significant partnerships to be established with a diversity of partners.

I hope you enjoy this issue of Auseinetter and I look forward to seeing many of you at the Auseinet Forum in September.

Auseinet Mailing List

Please contact the Auseinet office if you wish to be added to the mailing list.

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Editorial: Professor Graham Martin

Spirituality and Suicide Prevention

As I have suggested in previous articles, there are many people for whom the thought of suicide is anathema. They are happy, active, an accepted part of their family, contributing to their school, work and/or community, and committed to an appropriate range of life tasks. They know they have options and the right to take decisions about their life and its path within their abilities. They maintain a hope for the future right through their lives, and may even maintain this sense of a better future right up to the point of death. At each stage of life they maintain a trust in the process, come to terms with changed circumstance, and have a sense of where they fit in, what their part in the whole is about. They react with joy to fun events, to success and to new birth. They are appropriately saddened by loss of any kind, but this rarely translates into depression and despair. They do not lose their sense of hope, the balance in all things, and natural cycle of life.

One word that has been explored to describe these individuals is 'resilient', the ability to bounce back from adversity. We are beginning to be much clearer about the elements that make up resilience; the contributions of genetic factors such as female gender, good temperament and natural intelligence, 'good enough' parenting at critical stages, the absence of overwhelming stress in a context where neither the individual nor the environment have the ability to reduce anxiety and fear, and the presence of plentiful opportunity.

But there may be more. I have a younger colleague who survived many weeks of isolation, deprivation and hunger while lost in Nepal. He recounts that he was able to use memories of his family and his partner to maintain his sense of self. In addition he used the discipline of a previously learned martial arts ritual to maintain some of his physical wellbeing, and when his muscles began to fail, he used visualisation of the same ritual to maintain his sanity. Throughout, and despite times of great despair, he maintained a belief in himself, a belief in something bigger than himself, a belief in his place in the world, and a hope that he would be rescued.

He told his story at a recent congress to a hushed and awed audience of psychiatrists. Prior to the congress there was a well-attended workshop on spirituality and psychiatry; subsequently there was a whole day given to papers and discussions about research and reflections of spirituality. Many of the known faiths were represented, but the discussion focused more on a beginning distillation of what spirituality might mean to the recovery of people with mental illness. Turns out the answer is 'Quite a lot', many commenting that it was time for psychiatry to understand what may previously have been hidden in our somewhat secular discipline.

There are links between spirituality and 'belief'. Belief in a higher order being, in stories about the beginning of humankind, lead to a sense of meaning and purpose. Regular practice of worship in any form, with the associated prayer or meditation leads to forgiveness of wrongs committed or received, a belief in specialness or purpose, and a sense of personal acceptance and peace. In slightly reductionist psychiatric terms, prayer or meditation may lead to reduction of guilt or shame, those twin evils that can drive depression and despair.

It is the sense of peacefulness and acceptance that we so often associate with those whom we see as spiritual. They can acknowledge what may be wrong in the world, may be realistic about their own failings, but have the capacity to not allow either to weigh them down to the point of despair and hopelessness, but most of all inactivity. They are still able to function, to love, to contribute, to work, and to see where they may be able in a small way to make a difference.

Belief may, however, be less spiritual but still able to sustain us in hard times. Recent work on 'narcissism' has shown that the belief in self, or the importance of the self, can protect from adversity. Further, research has shown that when the going gets tough, it may not

...continued on page 4

Contributions to this newsletter do not necessarily reflect the views of the Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet).

PPEI

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Einet Discussion Group

Have you subscribed to the Auseinet email discussion list? Members of the Einet list post a broad range of information relating to all aspects of mental health promotion, prevention and early intervention, including suicide prevention. Members of the Auseinet team will also be using this list as a way of communicating with a range of individuals interested in these issues on a regular basis. To subscribe, please email **majordomo@auseinet.flinders.edu.au** In the text write "subscribe einet" in the mail message body be the tough that get going - it is in fact those who believe that their own survival is important. They maintain personal standards and habits, expect the best of support from others, and continue to seek the best for themselves in order to survive.

So, where does that all come from. To a certain degree there may be some circularity. Families who are connected, manage their lives well, transmit effective parenting practice down the generations, also are more likely to have membership of a faith, and/or a set of personal beliefs, which increase spirituality. On the other hand, most of the world's faiths preach family strengths as basic to the future of humankind.

So, let us return to consider suicide. Religion as such may not be a protection against suicide; after all some devout or religious countries have much higher rates than others not known for religious affiliation. But spirituality, as something that crosses all religions, perhaps transcends them, may well protect against despair in the face of the world's ills. Central to this may be belief - in the self, in the family, in the peer group, in the country, or in some higher force. And promotion of the regular rehearsal or practice of belief in any of these may be the key to survival in those who, for whatever reason, have personal or contextual risk factors for suicide that increase the odds of life time suicide. Any belief may be better than none, and strongly held beliefs may provide the central core around which a meaningful life can be rebuilt.

Building Healthy Lives: Partnerships to Promote Aboriginal Child Health & Wellbeing and Family & Community Resilience

A. Robson, S. Silburn and members of the Aboriginal Suicide Prevention Steering Committee, Western Australia

> ***"The past is never fully gone. It is absorbed into the present and the future. It stays to shape what we are and what we do."***
>
> *(Sir William Deane, Inaugural Lingiari lecture, Darwin, 22nd August 1996).*

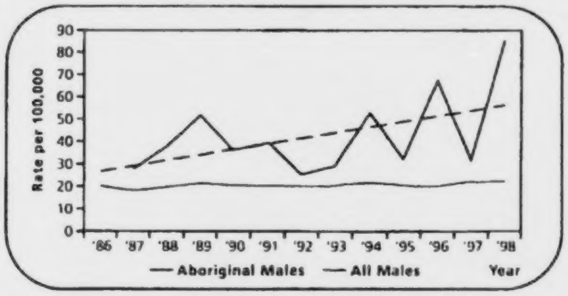
The problem of fatal and non-fatal suicidal behaviour, particularly among younger age groups, is one of the most pressing social concerns for Aboriginal people in Australia (Hillman, Silburn, Zubrick & Nguyen, 2000). Available evidence from a number of sources suggests that, without concerted action to address the immediate and underlying causes, the number of Aboriginal people affected by suicidal behaviour is likely to rise. In recognition of community and professional concern there has been a number of prevention initiatives developed at national, state and local levels, to address this issue. In Western Australia (WA), as elsewhere in Australia, there has been a move toward more culturally responsive approaches to mental health care provision. There is still a considerable way to go. Effective processes and outcomes require ongoing reflection and consultation.

This paper focuses upon the current work being undertaken by WA's Aboriginal Suicide Prevention Steering Committee (ASPSC). This committee comprises senior policy representatives of ATSIC, OATSIH, WAACCHO and state government departments with responsibilities in this area. The ASPSC has been developing a collaborative intersectoral state plan for integrating community-based prevention initiatives over the past two years. This plan focuses on fostering community capacity and new partnership arrangements to build healthy lives for Aboriginal children and youth. It proposes a strengths-based model for coordinating local community action to reduce some of the early 'up-stream' causes of suicide, self-harming behaviour and other adverse youth outcomes that share similar causal pathways of development. The proposal is the outcome of wide ranging community consultation and the advice of key Aboriginal and non-Aboriginal service providers in Western Australia.

Suicide Amongst Aboriginal People in Western Australia

Since the 1970's there has been a dramatic and concerning increase in fatal and non-fatal suicidal actions among Aboriginal people. Western Australian figures reveal the average suicide rate of Aboriginal males was almost double the rate of all males in the state, at 37 per 100,000 population (Hillman et al, 2000). This study noted a rising trend, particularly among Aboriginal males in their 20's, over the period of the study (1986 - 1997). There has been a parallel rise in the rate of identified self-harm and attempted suicide. Statistics currently available are likely to be an under-estimation of the full extent of the problem given that aboriginality is not always accurately recorded and not all deliberate self-harm reaches the attention of service agencies, particularly in remote settings.

**Figure 1.
WA Male Suicide
1986 - 1998**



In the Indigenous community suicide is closely linked with alcohol use and with impulsivity. It occurs in the context of high rates of death that are both premature and due to unnatural causes (Hunter, 1998). Hunter et al (1999) found that in several communities in Far North Queensland, risk of self-harm appears to persist over time - young Aboriginal people at risk in childhood and adolescence, continued to be at risk into their adult years (Hunter et al, 1999). This trend is of particular concern given that the majority of the Aboriginal population in WA consists of young people, less than 25 years (Australian Bureau of Statistics, 1999). The obvious implication is that without concerted action to address the underlying issues this situation may deteriorate further.

The extensive and inclusive nature of kinship relations within and across Aboriginal societies means Indigenous society as a whole is disproportionately bereaved by suicide. Losses through suicide have a much greater whole-of-community impact. Similarly the problem of social contagion* is more pronounced in communities given the extensive kinship linkages. Contagion may leave communities vulnerable to further losses by suicide.

The causes of suicide in Aboriginal contexts are complex. There is little evidence-based research specifically on Indigenous suicide. While it is likely that risk factors for individuals are similar to those in the broader population, there are factors which contribute to suicide and self-harm in the Indigenous population that are also different. These have to do with the contexts in which Aboriginal people live today, which are affected by the history of colonisation and institutionalisation of Aboriginal children and families; and by the ongoing impact of government policies and interactions with broader Australian society. Aboriginal Australians today continue to experience significant discrimination, as well as high rates of incarceration, family dislocation, poverty and unemployment, which collectively contribute to alienation and despair, particularly among young Indigenous Australians. Some understanding of these layers of adversity, their origins and their ongoing impact on child, family and community wellbeing, is critical to the development of appropriate responses to address this issue within Indigenous communities.

Developing Greater Effectiveness in Service Response

Preventing suicide and promoting life is a shared community responsibility, necessarily involving all levels of government, and Indigenous and community organisations holding responsibilities in relation to Aboriginal children, young people and their families. In response to representations from the Aboriginal community, the WA Ministerial Advisory Group for Suicide Prevention (MCSP – formerly YSAC), began a process of consultation engaging Aboriginal service providers, resulting in recommendations for Across Government Policy and Programs for Preventing Suicide and Suicidal Behaviour Among Aboriginal Youth in Western Australia. The WA Cabinet endorsed this as State policy in 1998. It is built on a partnership model that encompasses Aboriginal and non-Aboriginal perspectives.

The Aboriginal Suicide Prevention Steering Committee (ASPSC) was established to oversee implementation of these recommendations. This committee comprises key members of state and commonwealth agencies and Aboriginal community agency representatives concerned with Aboriginal suicide issues. The group has been critical in ensuring that the issue of suicide within WA's Aboriginal community remains a high priority on the government agenda and in ensuring the uptake of recommendations by government.

To date the recommendations of the Across Government Policies which have been implemented include the employment of more Aboriginal staff within health and human service agencies; training to promote greater cross-cultural awareness for non-Aboriginal practitioners in relevant departments; as well as changes to policies and procedures within departments, allowing for more culturally responsive practices. Most recommendations required individual responses within different departments, and were incorporated into agency outputs, thus allowing funding and implementation of such initiatives.

The final recommendations of the Across Government Policies have been much more difficult to operationalise and implement. These include the development of a collaborative intersectoral state plan for integrating universal primary prevention initiatives. This required a multi-agency approach acknowledging shared responsibilities and a focus on joint outcomes. The ASPSC have guided the development of this community-focused prevention plan through consultation with key Aboriginal service providers, communities and stakeholder groups over the past two years.

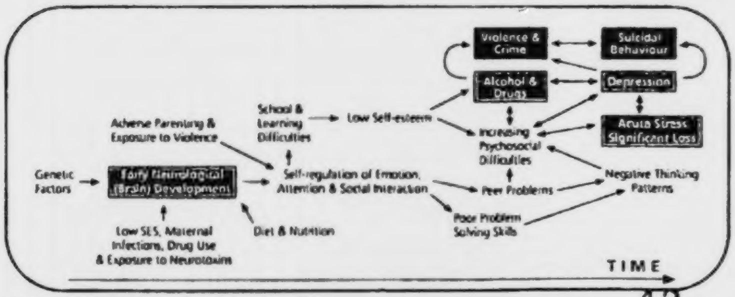

Violence & Crime
Suicidal Behaviour
Alcohol & Drugs
Depression
School & Learning Difficulties
Low Self-esteem
Adverse Parenting & Exposure to Violence
Increasing Psychosocial Difficulties
Acute Stress Significant Loss
Genetic Factors
Early Neurological (Brain) Development
Self-regulation of Emotion, Attention & Social Interaction
Peer Problems
Negative Thinking Patterns
Poor Problem Solving Skills
Low SES, Maternal Infections, Drug Use & Exposure to Neurotoxins
Diet & Nutrition
TIME

Figure 2. Shared early risk pathways to suicide and other problems

Recognition of the Failure of Existing Policy Responses

There is recognition that existing policy responses and service delivery arrangements have failed to adequately address the continuing health and social problems facing Aboriginal communities. The proposal was initiated out of the need to formulate relevant community responses to suicidal behaviour and other adverse outcomes that require urgent attention within WA's Indigenous communities. Among the most pressing of these concerns are family violence, alcohol and substance misuse, juvenile and adult offending, sexual abuse of children and women – all of which are known to develop along similar causal pathways to suicide (see Figure 2). The overlap of risk settings and risk exposures in which these problems arise clearly indicates the need for significant new investment in broadly based primary prevention.

Outcome of Community Consultation

Consultation with a range of Aboriginal service providers indicated the need for more inclusive partnership arrangements at the local and regional level. It also indicated the need for joint-planning across traditional service boundaries to ensure prevention efforts are grounded within Aboriginal world-views of health and wellbeing and are guided by community determined processes for action. Likewise feedback emphasised a 'whole of community-in-context approach' – a need for locally responsive, integrated approaches, coupled with supportive changes at a broader level in funding, management and accountability; and incorporation of a communication strategy for the broader community. Such an approach is supported by recent developments in prevention science, which indicate strategies need to be preventive, comprehensive and integrated across communities and across the lifespan. Maximum gains can be achieved when interventions are appropriate to the specific needs of children and families at those key points in human development that have a disproportionate effect on later outcomes in life (Marshall and Watt 1999, National Crime Prevention, 2000). Such periods include pregnancy, early infancy, the transitions to pre-school, primary school and high school, and the transition to the workforce and adulthood. There is good evidence for the cost savings of such an approach (Karoly et al, 2001).

Genuine community ownership of the process is fundamental to the capacity of communities to sustain community and child health and thereby reduce adverse health outcomes. A recent Canadian study of First Nation communities throughout British Columbia, showed that those communities where issues of land ownership and self-governance have been positively resolved had significantly lower rates of suicide and self-harm (Chandler & Lalonde, 1998).

Value-adding to Other Policy Development

The proposed prevention approach is consistent with, and adds value to, concurrent work being undertaken in Western Australia by ATSIC, State departments and the Commonwealth to build community capacity within Aboriginal communities. This approach aims to strengthen the community in the areas of governance, management, leadership and cohesion; and work with government agencies to build their capacity for collaborative practice. The prevention approach enhances this work through fostering capacity in the social infrastructure of a community. Joint implementation of these projects is likely to result in significant efficiencies at a local and regional level. It represents an opportunity to assess the validity and utility of the 'whole-of-government' strategic change indicators of Indigenous disadvantage, recently proposed to the Coalition Of Australian Governments by the Ministerial Council for Aboriginal and Torres Strait Islander Affairs (MCATSIA).

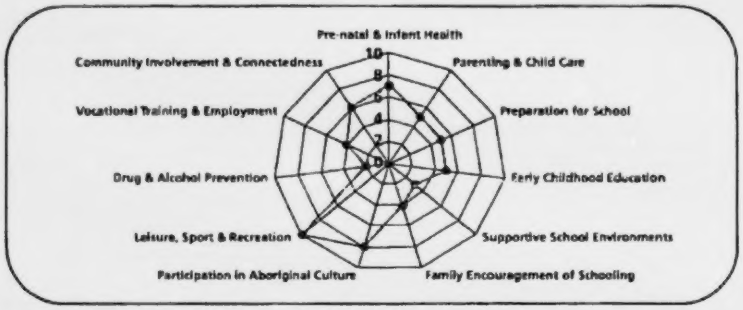
Strategies to Fund and Support Community Capacity Building

The proposal aims to build community capacity by creating substantial new funding for primary prevention through pooled funding across departments. Funding will be used strategically to provide incentives to collaboration between community and government agencies, at the local, regional and state levels. The proposal includes an across-government commitment to longer term strategic funding for these collaboratively developed local prevention plans. Initiatives need to be implemented and supported over a sufficient time to produce meaningful local results and to build sustainability.

Local action groups will require access to administrative support, training of community members and program development expertise. Support will be provided through the proposed local project officers based in the region or community to work with community agencies. These officers could in turn be supported through their region and a state office. Resourced and supported local action groups will develop a business case for the funding required to implement the locally developed action plans for child and community wellbeing.

These plans will address service provision across agencies within the communities, fostering a comprehensive community-determined response, which strategically targets key transition points for children, families and the community (see Figure 3). 'Local action plans' are to be commissioned within a 'tight-loose-tight' framework in which there are clearly specified aims and accountability requirements for funding. Sufficient flexibility should be allowed, enabling plans to take account of particular local and regional requirements enabling locally relevant results to be delivered.

Figure 3. Areas for consideration in community action plans



Summary

This model of community and agency partnerships requires recognition of shared outcomes across sectors and agencies. It invites government and non-government agencies to become responders to communities, rather than providing program driven, centrally determined responses. The community determined action plans for children should allow a range of appropriate responses to be developed concurrently. This enables a range of risk and protective factors in the various contexts of family, school and community to be addressed, thus supporting real change in developmental pathways for children and young people. In summary, the program aims to build community capacity to maximise strong children being raised within the context of strong families and communities.

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*Contagion: A process seen in relation to suicide, whereby a loss within a defined group/community is followed by subsequent similar fatal or non-fatal suicide attempts.

The Djirruwang National Indigenous Mental Health Pilot Project: Addressing Promotion and Prevention

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Introduction

Over the past two decades, Aboriginal people have become increasingly concerned about being more fully involved in mental health services for Aboriginal communities. This has been part of a more general tendency to view the health arena as an area of opportunity for involvement, professional advancement, and a cultural stand vis-à-vis majority culture misunderstandings of Aboriginal realities. There exists a substantial mental health 'problem' in Aboriginal communities today, a multifaceted problem that somehow needs to be addressed continuously. The mental health problem relates to complex historical causes as well as contemporary stresses and strains within Aboriginal culture and communities. One way this problem is currently being addressed is through the ***Djirruwang National Indigenous Mental Health Training Pilot Project*** conducted by Charles Sturt University and funded by the Commonwealth Government, Office of the Aboriginal and Torres Strait Islander Health.

An Overview of the Djirruwang Project

The Djirruwang project is developing and implementing a framework for high quality tertiary education programs, including continuing professional education for Australian Indigenous professional practitioners in the field of mental health. The project fosters an awareness of the cultural differences that affect the full participation of Indigenous Australian people in the program. The project is engaged in the promotion of aspirations of Indigenous Australians in the program ensuring that graduating students are highly competent and highly employable to perform higher level duties within the field of Indigenous mental health. Specifically, the objective of the project is to establish a framework for:

- The recruitment, retention and support of Aboriginal and Torres Strait Islander students from rural, remote and urban areas to enrol in and complete the Diploma, Degree and Higher Degree in Health Science in Mental Health;
- The development of a culturally appropriate Diploma/Degree/Master in Health Science (Mental Health) for Aboriginal and Torres Strait Islander Mental Health Workers thus fostering 'best practice' in the care of Aboriginal people experiencing mental health problems;
- The progressive implementation of professional development activities in the field of Aboriginal mental health across a broad spectrum of health expertise; and
- The development of mechanisms to provide cultural awareness seminars to professional practitioners and students alike in the field of medicine, nursing and allied health.

The nature of the project is the establishment of a framework to implement a culturally appropriate program towards the enhancement of the Indigenous people's social and emotional wellbeing. Cultural appropriateness represents a challenge. Cultural appropriateness is best achieved when it is an interactive process. The project is achieving such a process though intersectoral collaboration and through a national reference committee with diverse representation from states, educational establishments, government departments and Aboriginal organisations. Memberships of various advisory committees and curriculum writers are made up of over seventy five percent of Indigenous professionals.

Promotion and prevention is one of the overarching aims of the National Indigenous Mental Health Pilot Project. A number of strategies form part of the undergraduate program/s in Indigenous Mental Health currently being developed, encompassing the promotion of social and emotional wellbeing, and the prevention of the development of mental health problems and mental disorders. In this paper a broad overview of how the Bachelor of Health Science (Mental Health), which is part of the Djirruwang project, is particularly addressing promotion of mental health and prevention of mental disorders, is presented. Other aspects of the project may form part of future publications.

A Structure (pathways) for the Djirruwang Program

The development of a culturally appropriate Diploma/Degree/Master in Health Science (Mental Health) for Aboriginal and Torres Strait Islander Mental Health Workers, fostering effective practice in the care of Aboriginal people experiencing mental health problems, is a key objective for the Djirruwang project. A pathway demonstrating how this is put in place is illustrated. It is envisaged that the undergraduate program will provide graduates with greater educational pathways and stronger career opportunities in the field of Indigenous mental health. The first stage of the project is the development of the undergraduate program, described herein. Postgraduate programs will be developed progressively.

The Bachelor of Health Science (Mental Health) is a three-year undergraduate course available specifically to meet the needs of Aboriginal and Torres Strait Islander students. Students need to be of Aboriginal and Torres Strait Islander background to gain entry in the course. The course has one entry point and three exit points namely:

- University Certificate in Health Science (Mental Health) – equivalent to one year of study (8 subjects)
- Diploma of Health Science (Mental Health) – equivalent to two years of study (16 subjects)
- Bachelor of Health Science (Mental Health) – equivalent to three years of study (24 subjects)

Illustration:

A Structure (pathways) for the Djirruwang Mental Health Program

Professional Doctorate/PhD *(Mental Health)*

[Opportunity for specialisation in the field of Indigenous Mental Health]

↑

Master of Mental Health

[Opportunity for specialisation in the field of Indigenous Mental Health]

↑

BHSc *(Hons)(Mental Health)*

[Opportunity for specialisation in the field of Indigenous Mental Health]

[Opportunity to advance straight to Professional Doctorate/PhD Program]

(Proposed Future Course Structure)

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⇧

BHSc *(Mental Health)*

[Opportunity for articulation with courses such as Welfare, Psychology, Medicine, Nursing]

[Opportunity for exemption from Foundations Level in recognition of:
(i) Prior learning (ii) Relevant professional experiences (iii) Previous TAFE/University courses]

↑

DipHSc *(Mental Health)*

[Opportunity to exit and/or articulate with courses such as Welfare, Psychology, Nursing]

[Opportunity for exemption from Diploma Level in recognition of:
(i) Prior learning (ii) Relevant professional experiences (iii) Previous TAFE/University courses]

↑

Foundations Level – University Certificate in HSc *(Mental Health)*

[Opportunity for exemption from Foundations Level in recognition of:
(i) Prior learning (ii) Relevant professional experiences (iii) Previous TAFE/University courses]

(Current Course Structure – to be implemented from Autumn 2003)

Mental Health Promotion and Prevention in the Djirruwang Program

The mental health and wellbeing issues of Aboriginal and Torres Strait Islanders can only be understood within the context of the Aboriginal concept of health. It is not possible to understand the mental health outcomes for Aboriginal peoples and Torres Strait Islanders without recognising the impact of historical events, the ongoing trauma and loss and the high levels of disadvantage in Indigenous communities. Mental health promotion aims to enable people to increase control over and to improve and maintain their optimal mental health, wellbeing, resilience and social functioning. Prevention programs target populations at high risk to lessen vulnerability and prevent the development of mental illnesses. Early intervention programs are aimed at the pre-onset phase of mental illness to lessen the severity and prevent further mental health problems (NSW Health Department, 'Caring for mental health: A framework for mental health care in NSW', Oct 1998, p.19).

The current levels of loss, trauma, premature death, family breakdown and separation of children from their families, racism, and social disadvantage are among the effects of colonisation that have contributed to the present high levels of stress, grief, depression and suicide in Aboriginal and Torres Strait Islander communities (Swan & Raphael 1995; Raphael & Swan 1997). The Bachelor of Health Science (Mental Health) program is being structured in a way as to sufficiently address these issues. Elements of mental health promotion and mental illness prevention, with close relationship with these factors are addressed in the course. A synopsis of the contents, under the umbrella of each subject, is presented herewith.

Synopsis of Contents in the Bachelor of Health Science (Mental Health)

Generic Skills in Aboriginal Mental Health

This subject offers students orientations and functional skills in academic work and professional practices with particular reference to professional development in the field of Aboriginal mental health. This includes life long learning and the importance of health promotion and illness prevention as part of on-going professional practice.

Introduction to Mental Health

This subject introduces the broad concepts of mental health and wellbeing. It explores issues in mental health in relation to the principles of care and examines the roles and functions of the mental health professionals. It provides an overview of ATSI mental health. It offers ways forward to more culturally appropriate methods of care.

Aboriginal Mental Health and Wellbeing 1

The holistic concept of health, encompassing mental and physical health, cultural, and spiritual health, is addressed in this subject. The inter-relating factors categorised largely as spiritual, environmental, ideological, political, social, economic, mental and physical are addressed. This subject generates an understanding of Aboriginal ill health in connection with the disruption in the harmony of these inter-relations.

Working With Families

This subject aims to enhance the students' knowledge and skills required to work with ATSI clients and their families in the management of mental disorders and promotion of emotional and social wellbeing. The causes of family breakdown are examined and ways to initiating a healing process are discussed.

Aboriginal Health Promotion

This subject explores creative approaches to Aboriginal health promotion and community development in the context of self-determination. Issues of empowerment, self-management, conflict resolution in communities and practical skills of developing community health programs are discussed.

Healing Our Spirit: Grief and Loss

This subject firstly examines the causes and consequences of individual, family and community grief and loss. It then explores and discusses the healing process including de-colonisation and the significance of healing for achieving self-determination and strength within ATSI communities.

Healing Our People (Counselling 1)

This subject examines and focuses on the principles of basic counselling skills. The process of counselling as empowerment for ATSI people is explored. The emphasis on self-awareness and the appropriate counselling knowledge, skills and attitude in developing positive therapeutic relationships with clients is also examined.

Substance Abuse: Assessment and Management

Healthcare professionals are often confronted with the complexities of caring for people who are affected by the use of substances. Substance use issues in ATSI communities are poorly understood and are often stigmatised in mainstream health thereby leading to less than satisfactory health outcomes for Indigenous people. This subject, therefore, introduces the issues of problematic drug use in ATSI communities.

Aboriginal Mental Health and Wellbeing 2

This subject addresses the causes, incidence of mental health problems in ATSI communities and models of care underpinning 'health'. It is discussed that, health does not just mean the physical wellbeing of the individual but refers to the social, emotional and cultural wellbeing of the whole community. The experiences of human trauma and loss are recognised as contributing to the impairment of health and wellbeing suffered by ATSI people.

Gender and Mental Health

Studying gender issues is an important facet of understanding the concept of mental health promotion and mental illness prevention. This subject explores Aboriginal beliefs about gender. It presents gender as a significant aspect of the way psychiatry identifies a mental illness, its cause, appropriate cure, and most importantly its prevention. It determines both male and female vulnerability to mental health problems and specific strategies for mental health promotion and mental illness prevention.

Crisis Management 1

This subject describes the term 'crisis' and compares it with 'stress'. Types of crisis, factors that cause a crisis and crisis resolution are discussed. Crisis situations from an ATSI's perspective are explored. The principles involved in the management of a crisis situation are described and practiced.

Diagnosis and Management in Psychiatry 1

This subject introduces the major mental health disorders and focuses on the causes, prevalence, clinical features, classification, treatment and care of people experiencing these disorders. Students are introduced to the principles involved in providing culturally appropriate mental health models of care.

Ageing and Aboriginal Mental Health

The need to consider the ageing and wellbeing of the Indigenous population raises many issues that are relatively new to many ATSI communities. This is mainly due to the fact that many ATSI people do not live as long as their counterparts within the wider Australian community. This subject assists students in identifying these issues. It helps them develop ways to assist ageing people and work towards promoting their wellbeing.

Forensic Mental Health

This subject enables students to have a broad understanding of the forensic services including mental health care. The focus is upon the type of clients, disorders and treatment modalities available for forensic clients within the correction health service. Preventative measures and mental health promotional strategies form part of the program.

Crisis Management 2

This subject expands upon the subject contents covered in the first crisis management subject. It defines, explores and discusses the preferred models in crisis management for psychiatric emergencies, including the management of difficult and aggressive clients, post traumatic stress reactions, suicide, domestic violence and the acutely disturbed psychotic client.

Diagnosis and Management in Psychiatry 2

This subject expands on the first subject 'Diagnosis and Management in Psychiatry 1'. It provides students with the theoretical knowledge and the practical skills to assess, formulate a diagnosis, develop treatment plans and provide care for people experiencing a range of mental disorders. It provides the opportunity to explore culturally appropriate models of mental health assessment, diagnosis and care within existing legislative requirements and industry standards in mental health.

Research in Mental Health

This subject equips students with grounding in basic research methodology. It integrates action research theories and practice methods and is designed to prepare students to conduct action research projects within ATSI communities and mental health settings. Mental health promotion and mental illness prevention are also integral parts of the action research projects.

Healing Our People (Counselling 2)

This subject expands on 'Healing our people: Counselling 1'. It identifies three major different counselling theories, modalities and intervention strategies. The focus is on self-awareness, practice and analysis of strengths and weaknesses of each theory, in relation to the appropriateness to ATSI clients and other cultures. The important legal and ethical issues in counselling are explored, and psychosocial and spiritual assessment and interventions are discussed.

Mental Health and Substance Abuse (Dual Diagnosis)

This subject introduces the twin issues of problematic drug use and co-existing mental disorders in ATSI communities. It examines basic concepts and terminology in both the mental health and alcohol and drug field and the pharmacology of commonly used psychoactive drugs, substance use assessment instruments, and guidelines for managing intoxication and withdrawal. It also examines early and brief interventions and drug diversion pharmacotherapies.

Child and Adolescent Mental Health

This subject gives a broad view of the theories associated with developmental stages of children and adolescents. It addresses issues associated with working with young people and their families and explores the term 'mental health' in relation to socioeconomic, psychological and spiritual factors. It discusses issues such as mandatory reporting, intergenerational trauma, youth suicide, intervention and assessment. It presents a broad set of issues associated with racism, identity and culture.

Family Violence

This subject builds on the students' knowledge of family violence and how it impacts on ATSI communities. It addresses the prevalence, effects and impact of family violence. It covers the effects of family violence on children and how it may link with mental health issues. This subject empowers the students to work more effectively with survivors and communities in a culturally appropriate way.

Sexual Assault

This subject builds on the students' knowledge and insight into sexual assault generally. It discusses how it impacts on ATSI survivors of sexual assault. It highlights the links between mental health issues with child sexual assault. It covers the prevalence, effects and impact on survivors of adult and child sexual assault. This subject empowers the students to work more effectively with survivors and communities in a culturally appropriate way.

Professional Issues in Aboriginal Mental Health

This subject explores contemporary issues in the field of Indigenous Mental Health and its future development. It examines issues underpinning and influencing the dynamic relationships that exist between and within professional groups in the mainstream mental health and Indigenous mental health from a global, national and local perspectives. Such issues also encompass mental health promotion and mental illness prevention.

Conclusion

This paper has presented only a selected aspect of the Djirruwang project. Field and clinical practicum experiences are not discussed. The structure of the program, constituting learning resources, distance education materials and block programs are other aspects of the project. A framework for an outreach delivery, preceptorship arrangement, and marketing and recruitment are currently being developed.

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Are We Approaching Mental Health in the Right Spirit?

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Science without religion is lame, religion without science is blind.[1]

Albert Einstein, along with many of his contemporaries, was as much a philosopher as he was a scientist. To him science uninformed by spirituality and ethics was cold, barren and misguided.

Possibly the far more common view, particularly in modern circles, is for spiritual issues to be ignored, derided and even pathologised. But is such a view wise, broad minded or even based on evidence? Are we risking losing something of central importance to humans? Is it a therapist's role to become involved in spiritual issues? Do we need to explore how spiritual and philosophical issues can be applied in medical and therapeutic settings? If so then how can it be made more relevant for young people and in ways which are culturally tolerant and sensitive to individual needs? When I reflect upon the dilemmas facing clinicians working in mental health these questions are high in my mind.[2]

Religion and spirituality are rarely mentioned in medical education nor are they generally seen as an integral part of a medical history or therapy, with the possible exception of a person with a terminal illness. There are movements within psychology and psychiatry, perhaps more so since the time of Jung, to reestablish connections with the spiritual dimension of the psyche. In the biomedical sciences promising fields of study like mind-body medicine and psychoneuroimmunology are challenging our materialistic ways of viewing health and illness but shifts in paradigms seem to take generations.

Spirituality and Religiosity

Spirituality and religiosity are not the same although they are intimately related. Although hard to rigidly define 'spirituality' in the medical literature refers to a range of things including 'having a belief in a higher being', 'a sense of purpose or meaning', 'connectedness to nature and humanity' and perhaps even 'altruism'. Religiosity or religious commitment, on the other hand, generally refers to things which are easier to measure in questionnaires such as 'participating in a religious group', 'adhering to a religious creed or set of beliefs' or merely 'attending church'. Therefore this aspect is far more commonly referred to in studies. Although they overlap it is not difficult to conceive of a person being religious without being spiritual or spiritual without being religious.

Religion, Spirituality and Health

It would seem that the ignoring of religion and spirituality in health circles is not consistent with the evidence. For example, one comprehensive review demonstrated consistently that religious commitment was protective for both physical and mental health.[3] It mattered little if the studies were prospective, retrospective, controlled for social contact or other lifestyle and socioeconomic factors or looked at prevention of, coping with or recovery from illness. Importantly, the benefits seem not to be restricted to any particular mainstream religion. On the other hand religious thinking may be a part of psychosis for some people and many people do have negative experiences in their religious life or in their dealings with religious organisations. Indeed, it would be hard to envisage that intolerance, abuse or fanaticism, for example, could do individuals or communities any lasting good.

Nevertheless there are many studies confirming that for the great majority, having an active spiritual or religious life, or perhaps an active search for meaning, is highly protective against a wide range of problems right throughout the life cycle. A variety of reviews over many years have consistently confirmed that the vast majority of studies show a positive correlation between religion and mental health and protection against depression and suicide.[4] The reduction in relative risk is significant being associated with a four-fold reduction in suicide risk for adolescents[5] and also for the elderly.[6] Notwithstanding catastrophes that have befallen some extreme cults, no study has yet found a positive correlation between religion and suicide. Eighty-four percent of studies in the 2 leading psychiatric journals between 1978 and 1989 reported that religious commitment was clinically beneficial, 13.5% reported it as neutral and only 2.7% as harmful.[7] Another review over a 10 year period showed similar findings for diverse populations and experimental methods.[8,9]

People with 'high levels of religious involvement', 'religious salience' and 'intrinsic religious motivation' are all at reduced risk of depression.[10] It has further been shown that religious commitment was associated with significantly quicker recovery from depressive illness for the elderly.[11] The causation for these findings is probably multi-factorial but it cannot be explained merely by increased social contact or reduced exposure to drugs and alcohol. Explanations differ depending on who is asked. There is probably a buffering effect against stress and depression which comes with a belief in a benevolent God or some prospect of transcending suffering. There is also the health giving effects of contemplative practices such as prayer and meditation not to mention the possibility of grace.

Other data suggests that religiosity protects against drug and alcohol abuse.[12,13] One interesting study on 1337 medical students at Johns Hopkins Medical School from 1948-64 showed that being unaffiliated with a religious group in medical school was a strong predictor of future development of an alcohol problem.[14] Large scale epidemiological data suggests that religion is protective for a wide range of problems for which youth are at risk.[15]

Also interesting are studies demonstrating the positive effects of religious commitment on physical health including a reduced risk for hypertension, heart disease[16], cancer[17] and other medical conditions have also been found. For HIV patients, religious coping (placing trust in God, seeking comfort in religion) and religious behaviour (church attendance, prayer, spiritual discussion, reading religious literature) were associated with reduced scores for depression and the latter was associated with better immune parameters like higher white cell counts. This effect was independent of symptom status.[18] Religion may well be associated with greater longevity. A recent review of 22,000 people over 9 year follow-up showed that the all-cause mortality was significantly reduced for regular church attenders. Life expectancy was 75 years for non-church attenders, 79 years for those who attended less than once per week and 82 years for those who attended at least once per week. The study controlled for other lifestyle and social variables and these only explained a smaller part of the differences.[19] This is consistent with other data showing lower mortality over 28 year follow-up (relative hazard 0.64: 0.77 when controlled for other lifestyle and demographic factors)[20] and better quality of life for those with the religious part of their lives active.[21]

That having been said, it would seem that not all forms of religiousness are healthy. We may well view 'religious struggle' as an indication of an active search for meaning, which is a good thing. When that struggle is underpinned, however, by thoughts such as 'Wondered whether God had abandoned me', or 'Questioned God's love for me', and 'Decided the devil made this happen' then it was a predictor of an approximately 25% increase in mortality over two-year follow-up.[22] So it would seem important not just that people get help in their respective spiritual paths but it also matters in what way they are helped.

If religion can play an important role in enhancing mental health then it is probably through mechanisms delineated by mind-body medicine and psychoneuroimmunology which explains how these psychological benefits translate into physical health benefits.[23] Research is clearly showing that stress and negative emotional states are powerful catalysts for illness. Used wisely religion can be a powerful source of healing for negative states of mind and emotion but used unwisely it probably ingrains them. Studies on the effects of intercessory prayer, however, are a little more challenging. The only two large scale well-controlled studies,[24,25] both on patients in coronary care units, showed significantly fewer complications in the group who were prayed for. Interestingly, in both studies the patients and staff were 'blinded', that is, they didn't know if they were in the group being prayed for or not. Systematic reviews[26] on prayer and 'distant healing'[27] (Reiki, faith healing and therapeutic touch) have been justifiably cautious in their conclusions based on the present evidence although they did conclude that the initial promising findings certainly warrant further research. Grander claims such as tumour regression through prayer, therapeutic touch and faith healing have not been rigorously investigated thus far although there is gathering data to suggest that improved quality of life translates into improved survival for heart disease and cancer patients.

With all that might seem to be positive about the relationship between religion, spirituality and health there are also some negative aspects which tend to attract far more media scrutiny. This bad press is understandable to some extent when one considers some of the unenlightened and intolerant things that are done in the name of religion. An example in the medical sphere of the negative application of religion is illustrated by a review of a series of preventable paediatric deaths where the parent's religious views played a significant role in delaying access to necessary medical care.[28] 'Blind faith' and rigid adherence to dogma, especially when unsupported by reason, common sense or effective action, can indeed be harmful to oneself and others.

Exploring Spirituality

There are probably as many ways to explore and express spirituality and religion as there are people and societies, although it may also be true to say that not every way works as well as every other. Many who might not otherwise consider themselves as 'spiritual' may nevertheless express something of their spirituality in a philosophical search. Others, like Einstein, Plank, Heisenberg and others, might also find something in a scientific search for knowledge. For others it is found in humanitarian, civil justice and altruistic pursuits or through a desire for connectedness. Others might also search for beauty, creativity and even sporting excellence. Indeed there is often something of the transcendent described in all manner of pursuits.

Where are We and Where are We Going?

***Mainstream psychiatry in its theory, research and practice, as well as its diagnostic classification system, has tended to either ignore or pathologise the religious and spiritual issues that clients bring into treatment.*[29]**

Why is there a tendency to reject or at least be suspicious of the religious and spiritual in health care and education? It may represent a healthy, cautious and methodical scientific approach which bases conclusions on evidence rather than superstition let alone revelation or intuition. As Alastair MacLennan[30] said, ***"You need to keep an open mind but not so open that your brain falls out."*** It is also very easy for science to disregard what it finds difficult to quantify. The rejection may also be symbolic of an increasingly fractured, dispirited, and cynical community which struggles to, but never does, find in materialism the deeper satisfaction it searches for. Much of this may have started with Freud who saw religion as 'a universal obsessional neurosis' and felt that the spiritual and mystic perception of unity was a 'regression to primary narcisism,' but it would be too simplistic to lay any such blame at the feet of one man. He was probably simply giving voice to pervasive shifts in human thought at the time. Nevertheless, his rejection of the deepest levels of human experience and emotion might be part of the reason why therapy based on Freudian psychoanalysis has found it difficult to demonstrate convincing evidence for any beneficial effects for that form of therapy. Eysenck at one stage even produced some very controversial research to suggest that such therapy may even be harmful to health.[31] Carl Jung, on the other hand, vigorously questioned many of Freud's ideas about therapy and his view of human nature upon which it is based. To him meaning and spirituality were central.

The lack of meaning in life is a soul sickness the full extent and full import of which our age has not even begun to comprehend.

Carl Jung

Certainly Jung took psychoanalysis in a different direction and this trend seems to be continuing when one looks at some interesting synthesis of spirituality with mainstream counselling and therapy. One interesting example of a cross-pollination between philosophy and psychology, and between East and West, was a recently released book called *The Art of Happiness* [32] which recounts an exchange of ideas between the Dalai Lama and a western-trained psychiatrist.

What are the Implications?

How far, clinically and ethically, should a therapist become involved in the spiritual life of their patients or clients is hotly debated.[33] Helpful encouragement to consider issues of meaning might be encouraged but imposition of an agenda or dogma on an unwilling person is likely to be very unhelpful. Taking one's lead from the person and gauging their spiritual awareness and sense of meaning in life may well form an integral part of a thorough medical, social and psychological history. It would seem more than a little remiss that people working in mental health and education are not at least aware of the current body of evidence so that they might be able to develop more informed views. From that point motivated practitioners and patients, educators and students, support groups and therapeutic communities have a far firmer foundation from which to build a truly holistic approach.

The first law of ecology is that everything is related to everything else. *Barry Commoner*

Each person or group will need to explore these issues in a way which is relevant to their needs, culture, upbringing, language and natural disposition. One expects that imposing a rigid or dogmatic approach is not going to be helpful especially considering the questioning nature of the young and the cultural diversity which exists in modern society. More specialised questions of a spiritual and religious nature should probably be referred to culturally appropriate 'experts'. Either way, one suspects that if we consistently continue to ignore the larger questions of meaning and existence we might truly come to comprehend Jung's sobering warning. The question is, can we afford to?

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@ Auseinet

Update from the Project Officer,
Indigenous Issues, Warren Milera

Well I'm almost coming up to the end of the first year of my employment with Auseinet (August) and again it has been busy. Since the last issue of *Auseinetter* I have been to Cairns where I met with people working in the Queensland Government Department of Health and with an Aboriginal Community Controlled Mental Health organisation who are working in the Cairns community to address mental health issues. The issues are similar to those in other communities around the country. This service has a very dynamic group of people working for them and are offering some positive programs and activities to the Cairns Indigenous community and surrounding areas.

Whilst in Brisbane I met with another Indigenous organisation based in the Queensland Government who are looking at the ***'Bringing them Home'*** program. This organisation is also offering some really positive programs in the area of Indigenous social and emotional wellbeing. Most Indigenous communities I have visited so far have similar issues and concerns when it comes to mental health or social and emotional wellbeing, in addition to the issues that face communities whether it be substance abuse or unemployment. ***All of these issues are contributing factors to the social and emotional wellbeing of communities.***

Apart from the consultations I have also been involved in facilitating a 3-day seminar on mental health held in Port Hedland. This was a very positive seminar and there are many committed people working in the health field in the Pilbara.

I have also been invited to sit on various committees including the ***Western Social and Emotional Wellbeing Network; The Social and Emotional Wellbeing Roundtable through The Division of Mental Health and the Management Committee for the Disability Information Resource Centre (DIRC).*** I am still getting calls from interstate from people who have come into contact with *Auseinetter*. There have been quite ***positive discussions with people over the phone once contact has been made.*** I am now getting quite close to writing up my findings from the consultations I have been involved in around the country. I hope to have more of this to show you by the next issue of *Auseinetter*.

In the meantime I have yet to visit Tasmania and Western Australia (Perth). I am looking forward to meeting a number of people working in the area of Indigenous mental health in these states.

The Australian e-Journal For The Advancement Of Mental Health AeJAMH

A new peer reviewed electronic journal which aims to **nurture and encourage understanding of mental health promotion, prevention and early intervention within a multidisciplinary forum.**

AeJAMH is a forum for researchers, practitioners and commentators from different disciplines, cultures and countries to come together in order to achieve conceptual clarity and advance the development, evaluation, and implementation of effective strategies for advancing mental health.

Call for Contributions

AeJAMH accepts submissions, presented as original research; reviews; description of innovative services; comments on policy, history, politics, economics and ethics as they relate to case reports or letters.

Topics of interest for the Journal include **theoretical articles, empirical studies, applied research, evaluation studies of innovative or traditional programs, analysis of population needs and service reorientation studies involving questions for administrators and policy makers.** We are interested in receiving contributions from clinicians, practitioners, consumers, academics and commentators.

For all initial correspondence and further information direct your inquiry to:

auseinet@flinders.edu.au

Information for intending contributors is on the Auseinet web site at:

www.auseinet.com/journal/contribute

The following contact details should only be used where email is unavailable:

AeJAMH,
C/- Auseinet, Southern CAMHS,
Flinders Medical Centre
BEDFORD PARK, SA 5042
Tel: (08) 8404 2999

www.auseinet.com/journal

Michael Murray
Auseinet Visiting Fellow

Flinders Medical Centre,
Adelaide, South Australia
PUBLIC LECTURE

"Exclusion & Mental Illness: International Lessons About the Policy & Practices of Social Inclusion"

presented by
Michael Murray
Auseinet Visiting Fellow

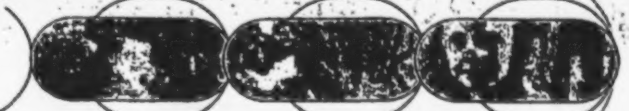
Wednesday, 18th September, 2002
Lecture Theatre 3,
Flinders Medical Centre, 7.00pm.

In September 2002, Auseinet has invited Michael Murray to be a Visiting Fellow in its national program of progressing promotion, prevention and early intervention for mental health. Michael has received a number of awards for Outstanding and Innovative Management. Among his diverse roles, work and interests he is:

- Founder and Chief Executive of the Clifford Beers Foundation
- Head of the Centre for Mental Health Promotion and Research at the University of Central England
- Chair of the Organising Committee Second World Conference on the Promotion of Mental Health and the Prevention of Mental and Behavioural Disorders, London, September 2002
- Editor of the International Journal of Mental Health Promotion
- Member of the European Commission, Member of the Experts Committee of the Mental Health Promotion Network
- Management Consultant, (presently in Canada re Investing in Healthy Workplaces)
- Presently collaborating on a new book about mental health promotion and depression
- Researching issues of change management in mental health promotion

Michael will also be presenting seminars in other states and territories between approximately 17 - 30 September, 2002. More information about the details of these seminars will be posted to the Auseinet web site as they become available ***www.auseinet.com***

Auseinet Forum:
Putting It All Together



A National Forum on Promotion, Prevention and Early Intervention for Mental Health - *Hosted by Auseinet*

15 - 17 September 2002, Stamford Grand Hotel, Adelaide, SA

- **See Registration Booklet distributed with this issue of Auseinetter**

The Forum Theme:

"Putting It All Together" is a forum about reflecting on the experiences and learnings of the past whilst maintaining an eye on developing visions for the future. Mental Health and Wellbeing are concepts on the agendas of people working and participating in a wide variety of settings. There has been a great deal of discussion about ways to advance thinking and practice in areas of promotion, prevention and early intervention for mental health across the lifespan. Are there consistent messages?; What are the challenges? What has been learnt?; What kind of communities do we wish to live in?; Are there new ways of working together?

Let's Put It All Together.

The Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet) invites thinkers, service providers, consumers, carers, advocates, policymakers and funders from a variety of sectors including mental health, health and welfare, education, community, the arts, recreation and justice to participate in this unique Forum.

Keynote Speakers Include:

- Michael Murray (Clifford Beers Foundation, UK)
- Rev Tim Costello
- Robyn Layton QC
- Prof Stephen Zubrick
- Dr Rob Moodie
- Prof Graham Martin
- Tracey Westerman
- Helen Connor
- Leonie Manns
- Dr Debra Rickwood

Additional copies of the Registration Booklet can be obtained by providing postal address details to:

auseinet@flinders.edu.au

Consult The Auseinet Resources Database
Joy Sims, Information Officer

The Auseinet Resources Database has been going through some changes over the last few months. We have well over 450 resources in the catalogue and all resources now have full distributor details listed. Recently the focus has been on finding resources that can be easily accessed online via links on the database (for those who appreciate a bit of instant gratification!).

One of the most effective search methods on this database is through the use of the 'subject' word wheel function. **Be warned: this may be slow to load on some computers, but it is worth waiting for.** To make this search method more efficient I have re-vamped the subject headings so as to be more relevant to the field of mental health and wellbeing across the lifespan, and to reflect significant interest groups, conditions, risk and protective factors.

Some of the additional targeted areas are:

- Older people
- Spiritual/emotional health
- Work/non-work
- Housing/homelessness
- Substance use
- Creativity/arts
- Violence/trauma

Within these categories some of the recent additions to the Database include:

- ***Exploring Indigenous Home Management Programs in the Northern Territory.*** Cairnduff, Sallie. The Cooperative Research Centre for Aboriginal and Tropical Health, Darwin, 2002
- ***Ageing: myth and reality.*** Queensland Government: Dept. of Families, 2002
- ***Mental Health, Religion and Spirituality: Pathways for practitioners.*** Head, Julia. Quay Books, Mark Allen Publishing Ltd, UK, 2001
- ***The Health and Psychological Effects of Cannabis use.*** Hall, Wayne. National Drug Strategy, Canberra, ACT, 2001
- ***The Social Psychology of Drug Abuse.*** Sussman, Steve. Open University Press, UK, 2001
- ***NESB Young People and Substance Use in NSW.*** Drug & Alcohol Multicultural Education Centre, NSW, 2001

Consult The Auseinet Resources Database CONTINUED

- ***Rebuilding Shattered Lives.*** Victorian Foundation for Victims of Torture Inc., VIC, 2001
- ***The PTSD Workbook: Simple, Effective Techniques for Overcoming Traumatic Stress Symptoms.*** Williams, Mary Beth, New Harbinger Pubns, Calif., 2002
- ***There's something different about this place: local, national and global directions in community capacity building.*** Mission Australia, Sydney, NSW, 2002
- ***Raising real people: creating a resilient family.*** Fuller, Andrew, ACER Press, Melb. VIC, 2002
- ***World Mental Health Day: "mental health and work", Oct 2001.*** World Federation for Mental Health, 2001

There are too many interesting new resources to list, and the database is growing all the time so it's worth checking regularly. Please don't hesitate to contact me if you have any resources you would like us to consider.

Joy Sims, Information Officer
Tel: (08) 8404 2999
Email: joy.sims@flinders.edu.au

Update From The Auseinet Project Officer,

Consumer and Carer Issues, Chris Alliston

Welcome to this section of Auseinetter that will feature the profiles of some of the members of the Auseinet Consumer and Carer Consultative Committee. This Committee was formed for a number of purposes including:

- To inform Auseinet of consumer and carer issues with respect to Promotion Prevention and Early Intervention (PPEI) for mental health
- To inform and advise the Project Officer for Consumer and Carer Issues and the Auseinet team on the consumer and carer perspectives and issues related to Auseinet work
- To assist the Project Officer for Consumer and Carer Issues in the development of specific Auseinet projects and the implementation of PPEI
- To promote the Auseinet project to consumer and carer groups

This Committee consists of 8 state/territory members who are mental health consumers and/or carers of a person with a mental illness. So far one face to face meeting has been held and one teleconference. At this stage the Committee consists of the following members (see further profiles over page):

Dawn Brown: Northern Territory
Margaret Cook: Western Australia
Paola Mason: South Australia
Michael Chin: Queensland
Justin Habner: Tasmania
Linda Rosie: Australian Capital Territory

Auseinet Forum

The Committee has had much discussion around the Auseinet Forum to be held in Adelaide from 15 - 17 September and the best ways to support carers and consumers to attend this event. We have been working hard to ensure that this will be a valuable and important event for consumers and carers and we hope that it will be possible for many of you to be there. Please see the enclosed registration booklet and program outline for more details.

Parent Pack

More information about a resource called the Parent Pack which was recently launched by COMIC can be found later in this issue of Auseinetter. The launch of this innovative package to assist children and their parents is timely in a climate where more attention is being paid to the children of parents with a mental illness.

NT Visit

On a recent visit to the Northern Territory I was pleased to meet with consumers, carers and representatives from government and non government organisations. It was interesting to hear first hand of the difficulties that the vastness of distance and the relatively small population cause. This was my first visit to the Territory and I went to Darwin and Alice Springs. Consumers and carers in NT would like to be included as much as possible in the news and activities of the rest of Australia. Please contact Dawn Brown the NT Consultative Committee member if you would like to connect with them.

TheMHS

Once again it is nearly time for the TheMHS Conference being held in Sydney on 20th - 22nd of August. This Conference is an important opportunity for networking, learning and a chance to renew old friendships and make new ones. Auseinet will have a display stand and several members of the Consultative Committee of Consumers and Carers will be attending. We hope to meet with more of you there.

Auseinet Consumer and Carer Consultative Committee – Member Profiles

Justinian C. Habner – Tasmanian Representative

Justin is the current Chair of the Tasmanian Community Advisory Group on Mental Health (TasCAG). Established in accordance with the *National Mental Health Plan*, TasCAG is a Ministerial Appointed body that provides advice and documentation on matters connected with mental health to the Tasmanian Minister for Health and Human Services. In addition, TasCAG assists the Department's Mental Health Services in the formulation and implementation of state mental health policies, plans and initiatives. The members of TasCAG include consumers, carers and interested community members, all of who have demonstrated skills and a commitment to promoting broad participation in all aspects of mental health services.

Justin is a consumer of mental health services whose particular interests include: the personal and social factors that precede mental illness or problems; the theoretical components of mental health policy and service delivery; the epidemiology of suicide; correctional health services; the value of systemic approaches and; mental health literacy. Justin is currently involved in the implementation of the Tasmanian *Rural Mental Health Plan 2001-2004* and a comprehensive review of rehabilitation services. Other current projects that Justin is active in include the Prison Infrastructure Redevelopment, the review and evaluation of the Tasmanian *Mental Health Act 1996*, and the promotion of broader community participation in all aspects of mental health services.

Contact Details
Postal: PO Box 482, Prospect, Tasmania, 7250.
Email: tascag@primus.com.au

Dawn Brown – Northern Territory Representative

In 1996, as Dawn expresses, 'the weight of the past eight years finally caught up with me and I became quite ill.' Dawn was referred to a psychiatrist for diagnosis. When she was there Dawn noticed a poster on the wall asking for poems or stories to be contributed to a consumer newsletter. She did which subsequently led her to becoming editor of the newsletter, secretary of the Top End Mental Health Consumer Organisation (TEMHCO), chairperson and on to her current role as vice chair.

Dawn represents TEMHCO on the board of management of the Top End Association of Mental Health, on two committees with Top End Mental Health Services and on a steering committee looking into setting up a peak body for the Northern Territory. She is also the NT delegate for the Australian Mental Health Consumer Network.

Contact Details
Tel: (08) 8932 1835
Email: temhco@bigpond.com

Paola Mason – South Australian Representative

Paola is Co-Convenor of Children of Mentally Ill Consumers (COMIC). Since February 2000 when COMIC was launched, Paola has worked tirelessly to heighten awareness of issues affecting children who have a parent with a mental illness. Through Paola's own experience of growing up with a parent who lives with a mental illness she fully appreciates and advocates for the need for greater support for these children.

Paola is actively involved with SACAG (South Australian Consumer Advisory Group); GP Shared Care; Carramar Carers' Support Group Committee; The Department of Human Services Mental Health Unit; Privacy and Confidentiality Steering Committee; Carers' Task Force; Eastern Mental Health Services Child and Parent Support Group.

Paola continues to network with both government and non-government agencies, attending various meetings to advocate for the children of mentally ill consumers.

Contact Details
Tel: (08) 8221 5160
Email: comic.admin@bigpond.com

Linda Rosie – ACT Representative

Linda's current work with Carers ACT is a synthesis of an 'eclectic' work and education background. Carers ACT has provided Linda with the opportunity to coordinate the Mental Health Carers Network (MHCN) – a group of carers who work towards positive change in the system both for carers and consumers.

(left to right): Paola Mason, Dawn Brown, Margaret Cook, Justin Habner

Linda's past experience spans the education, social work and advocacy fields with a focus on the consumer. On a personal level, having a close family member with bipolar disorder had significant impact upon her life choices. As Linda recounts, "in working for Carers ACT I realised I had been a carer for many years and was aware of many issues facing the people I represent."

The committee work she is involved in reflects and supports issues of concern to MHCN. This includes work on advisory groups for service providers, collaborative work with other mental health organisations and committees with a specific area of focus such as housing.

This year Linda was elected by a group of 40 NGOs to the Mental Health Providers' Network to represent their interests at the ACT Health Summit called by the Chief Minister. She spoke in February this year at the HAAC Conference about Keeping Families Connected, a dual diagnosis project for families and carers provided by Carers ACT.

Contact Details
Tel: (02) 6288 9722
Email: lindar@carersact.asn.au

Margaret Cook

Margaret became a consumer representative because of her experience living with mental illness. She is an identical twin who was born to a mother who had a serious mental illness all her life. Margaret has been involved in the consumer movement for five years. She is the WA State Delegate for the Australian Mental Health Consumer Network (AMHCN). She is involved in committee work at many levels of organisations, both government and non-government agencies.

...continued on page 30

Unique Mental Health Workforce Development Role for Auseinet – Student Project Team for Images and eResources

Lou Morrow, Project Officer, Auseinet

For the past few months Auseinet has been sponsor to 7 students from the Faculty of Health Sciences at Flinders University, in what has been a unique opportunity for mental health workforce development for Auseinet. While engaged in a project management unit in health promotion over the past semester, as part of their 4th year studies, the students have been engaged in the 'real life dynamics of creating a publication for community development and mental health promotion' said Vanessa. The publication, 'Mental Health and Work: Issues and Practice', is a joint undertaking of Auseinet and VicHealth, and will be published in early September 2002.

As the Student Project Team for Images and eResources they have been assisting the co-editors Lou Morrow (Auseinet), Eileen Willis (FUSA) and Irene Verins (VicHealth). Some of the work they have been involved in has included the acquisition and selection of images and e-resources to supplement the publication, contributing to creative aspects such as cover design, inform the section on e-resources for good practices, and preparation of an annotated 'work and mental health web resource'. Apart from those practical tasks, ***the team has engaged in regular meetings with Lou Morrow to explore the broader economic, social, cultural and political contexts for both mental health and work, how these interplay, and how these contribute significant challenges (and opportunities) to the project of promoting mental health.***

For some the engagement has led them to consider a career in the field of mental health, both in nursing and/or in mental health promotion, a choice they say they may have discounted before this undertaking with Auseinet. Rebekah comments that the experience has really opened her eyes to the many, contesting views people hold about mental illness and mental health. Representations of mental health and work, in the drawings of social cartoonists were found by the group to be largely trivialising, of both workers and mental health. Issues such as workplace stress are largely represented as a humorous business with an abundance of 'Prozac jokes' present in contemporary discourse, and workplace mental health represented as the province of the individual. This finding by the group led to a decision by the editorial team to employ the services of local social cartoonist, Simon Kneebone for the enhancement of the publication with alternative images of mental health and work. ***For Belinda 'this has been an exciting opportunity for myself and my fellow students to get hands on experience within a real project. I would encourage all future Health Science students to engage in as many of these experiences as possible'.***

The students say they found it difficult at first to change their academically oriented thought processes to a mind-set that allowed for the creative and abstract expression necessary for the creation of the visual representations around mental health and work... ***'after adjusting we found ourselves completely absorbed in the project'*** a sentiment echoed by Toni, Elin and Amanda. For Lou and Auseinet, this has been a quite special opportunity, both from a local and international perspective. The approach with the engagement with the students has been to extend the traditional mental health nursing curriculum to promotion/prevention, with the added dividend of the experiences in the group of two students from Norway (Elin and Toni) from the international nursing program at Sturt Campus FUSA.

The book will be launched on September 16th 2002, at the Auseinet Forum in Adelaide with a VicHealth launch in Melbourne shortly after.

(front row left to right): Rebekah White, Amanda Wasley, Toni Batt, Sarah Rigg. (back row left to right): Lou Morrow, Vanessa Branson, Belinda Huxtable, Elin Ringen

NATIONAL ACTION PLAN - STATE & TERRITORY CONSULTATIONS

Overview – Jennie Parham

Consultation Process On The National Action Plan For Promotion, Prevention and Early Intervention

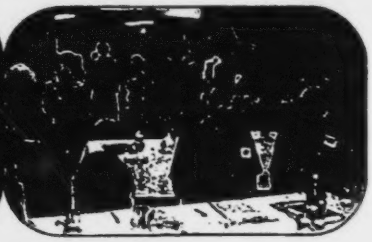
Forums have now been held in every state and territory. Since the last Auseinetter, forums have been held in ***Brisbane, Rockhampton, Townsville, Perth and Canberra.*** It has been very encouraging and exciting to see how these forums have developed and how important they have become in progressing promotion, prevention and early intervention in mental health. Not only have they been valuable in providing feedback on the Plan and Monograph, but more importantly have been ***a vehicle for the development of policy and plans at the local and state level.*** It has also been great to see such wide sector involvement in the forums with participants coming from ***education, correctional services, general practice, universities, community organisations as well as health.***

In Queensland, two of the forums were held in regional centres which enabled greater input from rural and regional areas. ***Approximately 90 participants attended the forum in Brisbane while 40 to 45 attended the forums in Rockhampton and Townsville.*** Dermot Casey, Assistant Secretary, Mental Health Branch, Commonwealth Department of Health and Ageing gave a presentation on national initiatives in PPEI at the Townsville forum while Professor Graham Martin did similarly at the Brisbane and Rockhampton forums. Dr Debra Rickwood, consultant author of the Plan and Monograph and myself facilitated the feedback session.

From the evaluations conducted, participants benefited from the information sharing, networking and having the opportunity to input to national and state policies. The evaluations also reflected the increasing awareness of the National Action Plan and were keen to make greater use of it in their work context.

In Perth, the forum became a two day symposium on PPEI which was jointly supported by the WA Department of Health and Auseinet. This was the first time such a symposium had been held in Perth with 350 people attending. The Minister for Health opened the symposium and both the keynote and streamed presentations were of a high standard. A more detailed account of this event can be found following in this edition of Auseinetter.

Tracey Westerman presenting at the Symposium in Perth



Participants at the Rockhampton Forum

A one day forum was held in Canberra on Wednesday 24th April. The Minister for Health in the ACT opened the forum and Dermot Casey again presented the national picture. Approximately 80 people attended from a wide range of sectors including health, corrections, family and community services, education, Divisions of General Practice, universities and a large number of non-government organisations. A week earlier, Debra Rickwood and myself met with consumers and carers, some of whom then attended the forum a week later. ***There was significant media interest with ABC and WIN covering the forum in their evening news bulletins.***

The consultations in these three jurisdictions has strengthened and given impetus to implementation of PPEI initiatives in mental health. They were all very well attended and demonstrated a high level of interest, enthusiasm and energy. There was strong management support in each of the jurisdictions and a commitment to progressing implementation at the state and territory level.

Reports on the Consultation process are currently being prepared and Debra Rickwood and myself will be presenting the outcomes at the Auseinet Forum in September.

Western Australia – Showcasing Mental Health Promotion & Illness Prevention

Penny Lipscombe, *Principal Policy Officer, Mental Health Division, WA Department of Health*

Trish Sullivan, *Senior Project Officer, Child & Community Health Branch, Population Health Division, WA Department of Health*

A very successful ***Mental Health Promotion and Illness Prevention Symposium*** was held in Perth, on the 18-19th March 2002. Three hundred and fifty people including consumers, carers, service providers, researchers, program developers and policy makers across government and non-government agencies from around the state came together for this inaugural event focussing on mental health promotion and illness prevention.

How to maximise participation in the *National Action Plan (2000)* consultation process posed a challenge, as significant consultation had already occurred in Western Australia to inform the development of a State policy for Mental Health Promotion and Illness Prevention (MHP&IP). This policy was jointly developed by the *Department of Health's (DOH) Mental Health and Population Health Divisions and Office of Aboriginal Health* in response to the *National Action Plan* to guide the DOH's investment in MHP&IP. A *Policy Development Group* with representatives across government and non-government, including consumers and carers, guided the development of the Policy, led by a Steering Committee of representatives from each of the three Divisions. The Policy development process included conducting forums with stakeholders around the state in Perth, Albany, Esperance, Geraldton, Kalgoorlie, Meekatharra, Merredin, Northam and the North West.

A Mental Health Promotion and Illness Prevention Symposium was therefore seen as an opportunity to consolidate and build upon this work, whilst also maximising participation. A collaboration between the Mental Health Division and Auseinet, the Symposium provided an excellent forum to facilitate feedback on the *National Action Plan*, discuss the draft *Western Australia Mental Health Promotion and Illness Prevention Policy* and raise the profile of MHP&IP. In addition, the Symposium allowed for showcasing and recognition of the outstanding mental health promotion programs, research and initiatives happening in WA.

Symposium Objectives

- Raise profile of the *Monograph* and *Action Plan* among specific interest and stakeholder groups statewide;
- Enhance understanding of the concepts of mental health promotion, illness prevention and early intervention;
- Maximise understanding of how the state and commonwealth policies for mental health promotion and prevention link up;
- Facilitate ownership at the community and provider level and demonstrate the translation of the *Action Plan 2000* into practice through showcasing of national, state and local initiatives; and
- Facilitate the development and enhancement of collaborative partnerships.

The Program

The program explored mental health across the lifespan, focussing on populations, settings, partnerships, policy, mental health determinants and the development of an evidence base for mental health promotion. International and national MHP&IP initiatives happening in Western Australia were presented on day one, with state and local initiatives presented on day two. The Symposium concluded with a discussion of the challenges and future directions of MHP&IP in Western Australia.

The diversity of strategies required to address mental health were also demonstrated to emphasise that Mental Health Services alone can not tackle them. A whole of community response is required, demanding the development of supportive partnerships between all areas that may influence mental health and wellbeing.

The Symposium attracted over sixty presenters and included Melissa Corkum from VicHealth who in addition to presenting the very successful *Together we do Better Campaign*, was able to share with participants another state's perspective and direction in MHP&IP. There were so many wonderful presentations that a brief report would not do justice to their quality and diversity. A Symposium Book of Proceedings will soon be available electronically on both the Western Australian DOH (**www.health.wa.gov.au**) and Auseinet (**www.auseinet.com**) web sites.

Keynote Presentations

- ***Mental Health Promotion and Mental Illness Prevention Policy Directions,*** Dr Bret Hart, Director North Metropolitan Population and Community Health Services and Mr Anthony Collier, Senior Social Worker, Avon Child and Adolescent Mental Health Services.
- ***Mental Health Promotion and Aboriginal People – what does it all mean?*** Tracey Westerman, Indigenous Psychological Services.
- ***Together We Do Better,*** Melissa Corkum, VicHealth
- ***Cost effectiveness in determining where to invest in mental health promotion,*** Prof Stephen Zubrick and Prof Sven Silburn, Institute of Child Health Research.

Conclusion

The Symposium concluded with a call for action for increased awareness and support for MHP&IP to sustain and build upon current initiatives. Throughout the two days the effectiveness of MHP&IP was demonstrated, with evidence at least as good as that for treatment and in some areas better. There was also a call for greater community participation at all stages of program development to ensure all programs operate within the protocols of cultural and scientific accountability. Overall the Symposium provided a wonderful opportunity to build knowledge and commitment to MHP&IP, create and strengthen partnerships and most importantly, acknowledge the dedication, energy and skills of the many individuals, groups and agencies that are and have been working in the field of MHP&IP. Feedback from participants has been extremely positive and calls for the Symposium to become an annual event have already been expressed.

We would like to thank each individual who contributed time and energy towards this successful outcome, particularly the organising committee, the State Promotion and Prevention Working Party members, Auseinet, those who chaired sessions and our student helpers.

TELL US WHAT YOU'RE DOING

Our Town: Working with Same-Sex Attracted Young People in Rural Communities

A report on the experiences of twelve projects established in rural Victoria to promote the mental health of same-sex attracted people.

Marion Frere, Janet Jukes, Michael Crowhurst

Our town: working with same-sex attracted young people in rural communities is based on the experiences of twelve projects established in rural Victoria to address the needs of same-sex attracted young people.

The projects were funded under the Sexual Diversity Grants Scheme, a joint initiative by VicHealth through the Mental Health Promotion Plan 1999-2002 and the Rural Health and Development Branch, Department of Human Services.

The Mental Health Promotion Plan (MHPP) 1999-2002 provides a framework for a range of interventions across Victoria to improve the social, emotional and spiritual wellbeing of individuals.

The plan identifies three social determinants of mental health:

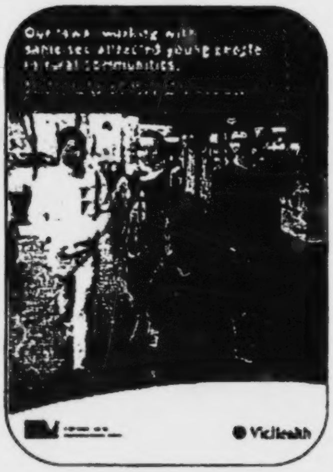
- Social connectedness
- Freedom from discrimination and violence
- Economic participation

The MHPP identified that young same-sex attracted people who live in rural areas were an important population group that required specific attention in relation to all three social determinants of mental health. In particular, it was acknowledged that this group of young people face significant mental health challenges in relation to the disclosure of their sexual identity, suicide, experiences of victimisation and bullying, violence, harassment and homophobia at school and in other community settings.

Importantly, the MHPP provides a framework in which issues of structural discrimination against same-sex attracted young people can be addressed. It seeks to bring about environmental and cultural change that will enhance the wellbeing of same-sex attracted young people in rural areas.

In order to start to address these issues, VicHealth established the Sexual Diversity Grants Scheme. Total funding was $234,943 with project funding ranging between $10,000 and $20,000.

Twelve projects were funded as part of the Sexual Diversity Grants Scheme to develop and implement strategies in local areas across rural Victoria. The projects were conducted in the 2000-2001 financial year.



A thirteenth project, the Sexual Diversity Dissemination Project, was funded to study the projects collectively and draw out common themes and issues. This report, developed in close collaboration with the twelve locally based projects, is the outcome of the Sexual Diversity Dissemination Project. The key learnings contained within this report are based on the collective and individual experiences of the projects, and were drawn from interviews and workshops with project workers. The report focuses on both the opportunities and the challenges that project management teams encountered in their efforts to reduce the prejudice, discrimination and violence faced by young same-sex attracted people in their local communities.

The twelve projects covered a broad geographical area and were very diverse in their strategies. All broke new ground in their communities, demonstrating that rural Victoria is ready for action on the issues facing same-sex attracted young people. All stressed, however, that the process of achieving community attitudinal change is complex, requiring visible leadership and a long-term ongoing commitment from both State Government and key local stakeholders.

There are a number of current government initiatives that provide a context for acting on issues for same-sex attracted young people in Victoria. These include the Ministerial Advisory Committee on Gay and Lesbian Health, the Attorney General's Advisory Committee on Gay, Lesbian and Transgender Issues, the passage of the Equal Opportunity (Gender Identity and Sexual Orientation) Act 2000 and the Statute Law Amendment (Relationships) Act 2001, both of which take significant steps to reduce discrimination against transgender people and people in same-sex relationships.

In addition to the initiative taken by VicHealth and the Department of Human Services in funding the Sexual Diversity Grants Scheme, these broader steps indicate a willingness at the State Government level to act on issues affecting transgender and same-sex attracted Victorians.

In order to see real outcomes at the local level however, the role of communities in building their own capacity to respond to the needs of same-sex attracted young people is critical. As the experiences captured in this report indicate, the need for communities to be fully engaged in the processes of change that involve them cannot be over-emphasised. This is particularly the case in relation to action on issues that may be challenging to some members of the community, including mental health issues and those facing same-sex attracted young people. An emphasis on the need for strategies that encompass collaboration between stakeholders, have multi-level interventions and a long-term commitment was consistent across all projects.

Looking at both the opportunities and the challenges, a number of common themes, trends, tools and learnings emerge that provide useful signposts for communities that want to act to improve the social connectedness and safety of same-sex attracted young people in their local area.

These *Key Learnings* fall into seven main areas:

- Values
- Community Readiness
- Participation
- Implementation
- School Settings
- Worker Wellbeing
- Media

Within each of these areas, there is a range of critical findings (detailed in summary form immediately following the Executive Summary of the report). A number of overarching Key Learnings can be highlighted.

Values

It is important to recognise that any work that touches on issues of gender and sexuality will be challenging for many people. This requires a high degree of clarity on the part of project managers about what they mean when they use key terms such 'same-sex attracted' and 'transgender' as well as 'diversity' and 'anti-discrimination'. Being clear about their understanding of these complex concepts is essential to ensure effective project design and a shared understanding of goals amongst all key stakeholders. Different workers, organisations and communities exhibited different understandings in relation to these terms. In particular, some were more ready than others to address sexual diversity more directly. Overall, projects recommended a 'softly-softly' approach that did not shy away from raising difficult issues but which took into account the crucial need to pitch projects at a level most likely to achieve sustainable change.

Community Readiness

Community readiness examines the ways in which project workers and managers determined how prepared their local area was in relation to addressing the issues facing same-sex attracted young people. It focuses on the history of service delivery in related areas, the existence of relevant infrastructure and networks and the importance of community leadership and ownership. Despite the broad range of rural settings and levels of community readiness, the experiences of the projects emphasise the finding that communities are always ready to act to some degree. That is, a community is never 'not ready' to act – it is just that the level and type of intervention will vary from place to place. In strengthening community capacity to act, projects relied heavily on local reference groups and the leadership of key stakeholders.

Participation of Young People

In order to improve the wellbeing and social connectedness of same-sex attracted young people, all project teams recognised the importance of making the needs of young people central to project design. A number of projects had young people involved at the management level, while others provided skill development and participation opportunities at various stages. However, a commitment to encouraging the participation of young people requires significant resources and, given that the risks of participation in activities that deal with issues of same-sex attraction may be higher in rural areas than elsewhere, many projects decided to proceed with caution on this issue.

Lack of confidentiality and lack of access to appropriate and affordable support services remain a key concern in rural areas, compounded in many instances by the practical (and costly) barriers to participation such as inadequate access to transport and communication technologies.

Implementation

In relation to project design and implementation, the need to take a holistic and multi-level approach was emphasised by all project teams as essential for community ownership and project sustainability. Overall, achieving community support to act on issues affecting same-sex attracted young people took longer than expected. This required flexibility and the ability to tailor projects to respond to community needs and issues as they arose. As a result of this need to move slowly and be flexible, resources were stretched, highlighting the fact that it is difficult to undertake such complex community development work with limited funding and in short time frames. One important way of addressing this issue was the instigation of collaborative working relationships between local rural agencies and statewide agencies with expertise in sexuality issues.

School Settings

It became evident that one of the major reasons why schools are not always keen to act on issues of same-sex attraction is a fear of negative responses from parents. This was seen as an important key factor related to school participation in a number of projects. In the context of the Sexual Diversity Grants Scheme it should be noted that there was no parental backlash reported by any of the respondents, a factor which may work positively to encourage future participation of schools in similar activities. Respondents felt that by taking an active approach and working to ensure parental support for work in this area, particularly through the school council, they were able to short circuit this fear of conflict

Worker Wellbeing

Consistent across all respondents was concern for the wellbeing of those engaged in what is at times risky work. Those working on the projects experienced a number of serious incidents, including property damage and threats to personal safety. Such events reinforce the reality that issues of worker isolation, support, resources and safety are critical project management issues. Also apparent, however, were the personal and professional rewards of seeing positive community change on issues affecting same-sex attracted young people.

Media

The announcement of the Sexual Diversity Grants Scheme generated significant media interest at both the state and local level. This attention was positive and negative, creating both challenges and opportunities for projects. Overall, the importance of media and communication strategies in relation to all projects funded under the scheme was highlighted. Centrally linked to questions of community readiness, the need to strategically position projects in relation to local (and statewide) media became a central issue for VicHealth as well as for individual projects.

This report is available to download in PDF format from the VicHealth web site –

www.vichealth.vic.gov.au

Mental Health Education: New Resources for Australian Universities – Response Ability

New resources about mental health promotion and suicide prevention have been developed for use in Australian universities, as part of the Response Ability project. The project is an initiative of the Commonwealth Department of Health and Ageing, under the National Mental Health Strategy and the National Suicide Prevention Strategy. Following extensive collaboration with tertiary educators, two multi-media resource kits have been developed by the Hunter Institute of Mental Health, in collaboration with the University of Newcastle.

One kit is designed for use in the pre-service training of secondary school teachers. ***Studies suggest that 10 to 20% of Australian adolescents experience a mental health problem and that many do not receive the personal and professional support they need.*** Since most adolescents spend a good deal of time at school, teachers are uniquely placed to recognise and support young people who may have mental health issues. Mental health problems can also adversely affect academic performance and school behaviour, so many schools and teachers are becoming more active in promoting positive mental health and supporting troubled young people. This is also reflected in the number of national and state level school-based mental health programs, such as MindMatters, Adolescents Coping with Emotions (ACE), the Resourceful Adolescent Program (RAP) and many others. A key resource in the Response Ability kit is a summary document entitled ***Risk and Resilience: A Teacher's Guide to Mental Health.***

Response
Reporting on Mental Illness and Suicide
Response
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Photograph of the Response Ability resource for journalism education

The second multi-media kit has been designed for use in tertiary education programs which train journalists and media professionals. ***Despite the significant impact of mental health problems, there are many misconceptions in the Australian community regarding mental illness and suicidal behaviour.*** There are instances where a lack of understanding about these issues is also reflected in media coverage. Australian studies have found that much reporting is accurate and positive, but there is room for improvement. For example, stories involving emotive or discriminatory language, negative stereotypes or exaggerated headlines can reinforce public misunderstanding and prejudice. There is also evidence suggesting that stories which report suicide in certain ways may increase the risk of vulnerable people attempting suicide by imitation. The kit introduces student journalists to some of the ethical and professional issues they need to consider when reporting on mental health, mental illness and suicide. A key resource in the Response Ability kit for journalism students is a summary document entitled ***Fact or Fiction? Reporting on Mental Illness and Suicide.***

Both the Response Ability resource kits are highly flexible and have been designed to fit in with the current content and structure of tertiary education programs throughout Australia. The materials use a Problem Based Learning approach, presenting a number of case studies based on hypothetical scenarios or real-life examples. Discussion questions and activities are provided for students, with additional notes for lecturers and tutors.

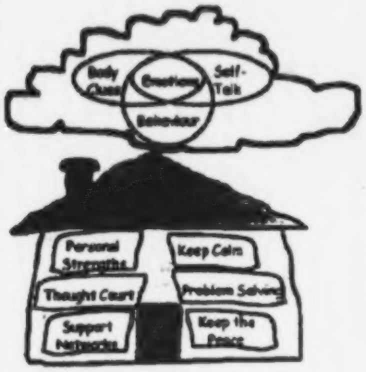
A project web site has also been developed, to present further information, links and references on several topics. These include indigenous and transcultural mental health issues, statistics about mental health and suicide, school bullying, media research, resilience and other issues. Some information is already available on the web site, but further material will be posted in the coming months. The site also presents the two key resources: Risk and Resilience: A Teacher's Guide to Mental Health and Fact or Fiction? Reporting Mental Illness and Suicide. ***The web site address is www.responseability.org***

These Response Ability resources have been designed primarily for use in pre-service training in a tertiary setting, rather than as a professional development tool for those already in the workforce. There are a number of parallel projects which focus upon the provision of resources and professional development for teachers and media professionals, such as MindMatters for secondary schools and Achieving the Balance for journalists. However, some practicing teachers and journalists also find that the Response Ability web site will be a useful source of information. Over the further eighteen months of the project, the team will focus upon maintaining contact with those universities using the resources, in order to provide ongoing support and to evaluate the use of the materials. The web site will also continue to evolve, as additional content is added to better meet the needs of resource users.

For further information contact:
Karen Vincent,
Project Officer at the Hunter Institute of Mental Health
Tel: (02) 4924 6722
Email: projecthimh@hunterlink.net.au or

Contact the project team via the web site at
www.responseability.org

The Resourceful Adolescent Program (RAP): A School-Based Resilience-Building Approach for Preventing Adolescent Depression



Dr Ian Shochet
Griffith University

The Resourceful Adolescent Project (RAP) was established in 1996 to develop, evaluate, and disseminate school-based resilience-building programs designed to prevent adolescent depression. It is estimated that 5% of adolescents suffer from some depressive disorder at any time, and up to 20% of Australian adolescents will have suffered an episode of major depression before the end of adolescence. Harmful effects may include increased likelihood of suicidal behaviour, social problems, poor academic performance and substance abuse, while adolescent depression is also a strong predictor of depression in later adult life.

The Resourceful Adolescent Project consists of the ***RAP-A*** program for adolescents and ***RAP-P*** for parents. A stand-alone video and a series of 'work alone' booklets have also been developed for parents who are unable to attend the Resourceful Adolescent Parent Program workshops and wish to work through the parent program at their own pace. RAP-P has also been adapted to meet the specific needs of Indigenous communities.

To avoid problems of stigmatisation and improve engagement, the RAP program has been designed as a universal prevention approach to be implemented routinely in the school curriculum with whole cohorts of students. Typically the program is used for 12 to 15 year olds and their parents (yrs 7, 8 or 9). The program is very positively focused. We do not focus on skill deficits and symptoms but on harnessing and building resilience and on the promotion of skills and psychological resources. The program has demonstrated benefits not only for adolescents at immediate risk of depression but also helps to prevent previously healthy adolescents from becoming at risk at a later stage. The program has been implemented in hundreds of schools across Australia and there have been a number of controlled trials to assess the program's effectiveness.

The RAP Programs

RAP-A consists of 11 sessions of approximately 50 minutes duration. The program is run with groups of adolescents varying in size from 8 to 16 students. It is typically conducted in the classroom using teachers and school counsellors, nurses etc. RAP is also being run in other community settings such as health centres, neighbourhood centres, juvenile detention centres, inpatient units etc. RAP-A integrates both cognitive-behavioural and interpersonal and family approaches.

In keeping with the positive focus RAP-A draws on the metaphor of the story of the 'The Three Little Pigs'. The 'resourceful little pig' built his house of bricks and being strong and resilient was able to withstand the onslaught of the wolf. During the program, adolescents identify and develop their coping resource 'bricks' as they build their personal 'RAP house'.

RAP-A Content

Personal Strengths: Individuals are helped to recognise and affirm existing strengths and personal resources. The aims of this component are to help adolescents focus on the importance of having and maintaining good self-esteem.

Cognitive Restructuring (Thought Court): Participants are helped to recognise and challenge distorted cognitions and develop positive self-talk.

Keeping Calm: Self-management and self-regulation strategies are taught to participants. This involves improving both the recognition and management of emotional and physiological symptoms.

Problem Solving: Individuals are encouraged to define problems and generate appropriate and effective solutions.

Support Network: Individuals are helped to acknowledge the importance of developing a support network and appropriate help-seeking behaviour as a mechanism for emotional wellbeing.

Interpersonal Problem Solving (Keeping the Peace): Participants are helped to consider role transitions and role disputes that arise during the period of adolescence. Strategies for promoting harmony and avoiding escalation of conflict are taught. Individuals are helped to acknowledge the perspective of other people and to value empathy.

RAP-P

The Resourceful Adolescent Program for Parents (RAP-P) involves three parent sessions, each of between two and three hour's duration and addresses family risk and protective factors for adolescent depression. The program can be run as a full day workshop, or as 3 separate sessions. Overall, the quality of parent-adolescent relationships, and the presence of family conflict are reliable predictors of adolescent depression. Conflict, and particularly escalating conflict with parents and expression of parental over-control, are well-established risk factors for adolescent depression. Alternatively, strong parental attachments and expressions of warmth and caring have been found to buffer adolescents from depression.

RAP-P Content

Parents Are People Too: Parents are encouraged to focus on their existing strengths, and to recognise their contribution to their adolescent's wellbeing. They also identify the impact of stress on effective parenting, and ways of managing their stress.

What Makes Adolescents Tick: Parents are encouraged to consider the specific needs of adolescents. They are facilitated to discuss adolescent development and role transitions pertinent to this age group (eg., the dilemma of balancing the need for nurturance and protectiveness, with the desire for growing independence). Specific techniques to help parents bolster an adolescent's self-esteem are covered.

Promoting Family Harmony: Parents focus on the process of promoting harmonious family relationships and on the prevention and management of severe conflict.

Are the RAP Programs Effective?

The efficacy of the RAP Programs has been investigated in controlled research trials over the past five years. An initial efficacy trial (Shochet et al. 2001)* confirmed that the RAP Programs decreased depressive symptoms at post-intervention, and 10-month follow-up. Significantly less at-risk adolescents on the RAP program became clinically depressed than the control group and less adolescents that were previously healthy became at-risk or clinically depressed ten months later. Subsequent trials have confirmed positive effects for the RAP program. Two international trials by independent researchers have also been successful, one conducted in New Zealand (RAP-Kiwi) and one conducted in Holland using a Dutch translation of RAP. It is noteworthy that the recently published Dutch pilot trial (Muris et al. 2001) was not run universally but with an indicated group of at-risk adolescents. To date we do not have data to show whether the implementation of the parent program adds significantly to the effects of RAP-A on its own, in terms of preventing depression. This is currently being examined in a large multi-site NH&MRC trial. Parent program evaluations however, from hundreds of parents that have undergone the program, show unequivocally that parents find the program relevant and useful to their current needs in parenting adolescents.

Program Dissemination

Currently there are almost 3000 RAP facilitators trained across the country running RAP in a variety of different settings. Among those who have trained in RAP are; teachers, guidance officers, psychologists, social workers, occupational therapists, chaplains, youth workers, nurses, health professionals, GP's and school-link coordinators.

- **For reprints, further information about RAP or information on training please contact:**

Astrid Wurfl
Tel: (07) 3875 3391
Fax: (07) 38753388
Email: A.Wurfl@mailbox.gu.edu.au

www.gu.edu.au/school/psy/rap

Beyond Tolerance

Commiserations to those who missed the March workshop, Beyond Tolerance: Tackling Racism – and congratulations to Beryl Mulder and the Multicultural Council of the Northern Territory for organising this highly relevant initiative.

The 2 day workshop was led by Chris Sidoti the former Australian Human Rights Commissioner. The aims of the workshop were to provide information on the causes and responses to racism and to identify what might be possible to do within organisations to address issues of racism.

Day 1 focused on the nature and experience of racism. Guest presenters included an opening by The Honourable Kon Vatskalis MLA; Marion Scrymgour Member for Arafura; Pam Hartgerink from the Torture and Trauma Survivors Service of the Northern Territory; Lenore Dembski from Paperbark Woman and Richard Coates CEO of the Justice Department.

Chris Sidoti summarised the social, psychological and legal conceptions of race, racism and racists. A key issue was the impossibility of defining racism except in experiential terms. ***'The most important step in seeking to understand racism is to try to understand what the experience of being a victim of racism is like'*** (Sidoti, 2002). A brave and moving presentation from Dina Ford gave the audience some real insight into this experience.

Some of the many strategies that were put forward for dealing with racism were:

- ensuring people are valued, respected and have a voice that is listened to
- cross cultural training
- counteracting stereotypes in the media
- mentoring, career development and removing barriers in job selection criteria
- parents as educators
- challenging discriminatory policies and racist behaviour at an individual level.

Specific recommendations that resulted from the seminar were:

- the establishment of an Indigenous Cultural Centre
- a code of race ethics for all parliamentarians
- training in racial issues for MPs and the Judiciary.

Beryl Mulder of the Multicultural Council of the NT launched the Racism Hotline for reporting racist incidents. This will provide valuable information to community and government on the extent of racist behaviour in the NT providing a basis for further strategy development.

The text of all presentations from the workshop and further information can be found on the Multicultural Council of the NT web site: ***www.mcnt.org.au***

Top End Life Promotion Program –
Borroloola ASIST Workshop

Trainers: *Leonore Hanssens* – *Coordinator Life Promotion Program DHCS;* ***Margaret Vigona*** – *Indigenous Life Promotion Officer DHCS;* ***Paul Turner*** – *Danila Dilba Indigenous Education and Training Unit*

After 18 months of community consultation developing and fostering partnerships, the **Life Promotion Program** conducted an **Applied Suicide Intervention Skills Training** workshop in September 2001 in Borroloola with the collaboration of Danila Dilba Indigenous Education and Training Unit. Utilising the Life Promotion Indigenous Community Development Model and the development of a Crisis Intervention Committee in Borroloola a planned response to suicide and self harm in the town and surrounding outstations and communities was devised. This was a shared responsibility between the Life Promotion Program and the members of the Committee.

Community participation and collaboration in the training venture was pivotal in making this workshop the success it became. This was the result of several trips to Borroloola to engage the community in dialogue on the issues of self harm reduction and suicide prevention and to begin to build trust and the community's capacity for action.

The township of Borroloola, an isolated town in the Gulf NT, is currently developing an Independent Health Service. Out of this initiative a Night Patrol will be re-established and an Aboriginal Mental Health program begun. Most of the workshop participants were keen to volunteer or become CDEP workers on the Night Patrol. The training team are now employed as Aboriginal Mental Health Workers (AMHWs) for the Independent Health Service in Borroloola. An Aboriginal health worker nutritionist also attended the workshop and is employed by the service.

The workshop also provided skills to the Night Patrol Indigenous workers and AMHWs to undertake the difficult work of assisting and providing interventions to people who are suicidal. This provides assistance to the local general practitioner, the Aboriginal community police officer, the health clinic staff and the Independent Health Service to provide a safety net of trained people in the community to provide support and interventions to those people who are at risk of self harm or suicide.

The Mabunji Outstation Community Council funded the participants' workbooks, certificates and suicide intervention handbooks at a total cost of approximately $550. The local cricket club provided the venue on the outskirts of the town. The Borroloola Community Council provided the lunch and morning and afternoon tea. Transport was provided by the Borroloola Community School Dept of Education, and the Indigenous Sport and Recreation Officer drove the school bus around Borroloola and to nearby outstations to collect participants. This experience taught us that communities, government agencies and Indigenous non-government organisations can work collaboratively and in partnership very effectively.

The initial participant list included 28 nominations. This was certainly more people than could be managed at one workshop. However given the unique issues on remote communities all participants who expressed an interest were acknowledged. On the first day of the workshop many of the participants who had nominated had left town to travel to a funeral (sorry business) in a nearby community. Some others had gone out bush for bush tucker and others had travelled interstate. Fourteen attended on the first day with eleven participants graduating after completing the two-day workshop.

A healing circle for the local Indigenous people concluded the workshop with the local minister of religion offering a prayer of thanks and an expression of grief for loved ones lost to suicide. This also helped to form a network of committed people to ongoing regular meetings in Borroloola. The Indigenous Life Promotion Officer has been back to Borroloola to continue to support the people who trained and to promote the sustainability of the Indigenous Life Promotion Community Model.

Leonore Hanssens
Coordinator
Life Promotion Program DHCS

Margaret Vigona
Indigenous Life Promotion Officer

We Love Kids
We Love Parents

Life Promotion Program banner

Life Promotion Program trainers

NT Suicide Intervention Training Project (NTSIT)

Phase One of the NTSIT Project commenced on January 1st 2001, when Anglicare Top End was allocated funding from the Commonwealth Department of Health and Ageing under the National Suicide Prevention Strategy. The key task of the project was to increase the NT's pool of trainers of the Living Works' 2 day ASIST (Applied Suicide Intervention Skills Training) workshop. Previous to this project, there was only one ASIST Trainer able to run workshops in the NT. At the same time, there was widespread demand for suicide intervention skills in general, and for the ASIST course in particular. Seventy community members with a background or interest in health, education and community services attended the training, delivered by Living Works Education Australia. The training equipped participants with the skills to deliver ASIST within their own workplaces, target groups and communities.

The Project ran from January to December 2001, and involved the key tasks of establishing a Project Reference Group, providing targeted promotion, selecting the candidate trainers, and implementing the Training for Trainers (T4T) series in Darwin, Nhulunbuy and Alice Springs.

The Project Reference Group (PRG) consisted of members drawn from Commonwealth Government, Territory Government and community agencies, with a particular focus on enabling regional and indigenous agency participation. The PRG modeled one of the underlying aims of the project: creating effective partnerships and collaborations in order to respond effectively to the issue of suicide.

For more information about the NTSIT Project, contact a member of the Project Team (Anna Davis, Simone Dayer or Ann Buxton) at Anglicare Top End, on:
Tel: (08) 8985 0000
Fax: (08) 8985 0001
Email: ayp@bigpond.com

The selection process for trainers aimed to ensure that the final pool of trainers was both representative and sustainable, enabling continued access to ASIST workshops to a broad range of cultural, geographical, agency and sector groups. The final mix of trainers reflects this diversity:

- 25% are Indigenous, and 36% work in Indigenous-specific agencies
- 39% are from government agencies, and 61% are from non-government organisations
- 39% work in the health sector, 19% in the education sector, 14% from police or corrections, 6% from the youth sector, and the remaining 22% are from employment agencies, Centrelink, church agencies, women's and family services
- 37% are from Darwin, 31% from Central Australia, 16% from East Arnhem, 8% from Tennant Creek, 3% each from Tiwi Islands and Batchelor, and 2 % from Katherine.

On 1 January 2002 Phase Two of the Project commenced.

The NTSIT – Support, Planning and Promotion Project will provide trainers with individual support and skill development resources to encourage trainer retention, and to provide a co-ordinated and strategic approach to workshop delivery across diverse NT communities and organisations. Trainer Support Networks have been established in each key region to provide new trainers with a resource and support infrastructure.

As a result of the Project, the NT has increased capacity in suicide intervention training. We are already seeing the results, with the delivery of 15 ASIST workshops across the NT in 2001. Basic data collected shows that the workshops are being accessed by a wide range of groups, as intended by the selection process. A total of 233 people have participated, with 24% from an Aboriginal or Torres Strait Islander background.

The collaborative initiative between the Department of Health and Ageing, Anglicare Top End and Living Works-Education Australia has received widespread bipartisan support from diverse community service agencies, Indigenous health services and government departments. A key outcome of the project to date is the increased awareness of and collaboration between NT agencies working in the area of suicide.

Exciting examples of strategic approaches to workshop implementation by trainers include:

- Casuarina Secondary College who committed the resources and undertook to coordinate efforts to ensure that over 50% of school based staff including teachers, administrative and school support staff received ASIST suicide intervention training during the end of term downtime;
- Locally based Darwin trainers continuing efforts to ensure that Indigenous specific agencies receive access to ASIST workshops at low cost;
- NT Police is in the process of developing strategic plans to ensure the long term integration of ASIST suicide intervention training and suicide awareness programs into the workforce for cadets and operational staff.

The Project Team has also documented a variety of relevant issues that arose during the project, in relation to the implications of the ASIST and T4T programs for Indigenous participants, trainers and communities. This feedback may be useful in examining the potential development of a culturally appropriate model of suicide intervention education for Aboriginal and Torres Strait Islander communities in the NT. Trainers are also using innovative methods to ensure that ASIST workshops are delivered in a culturally appropriate manner.

This project is of great significance for the Northern Territory as it represents a practical and positive way forward, providing a tangible way for the community to improve its skill base when dealing with people displaying suicidal behaviours.

BOOK & OTHER RESOURCE REVIEWS

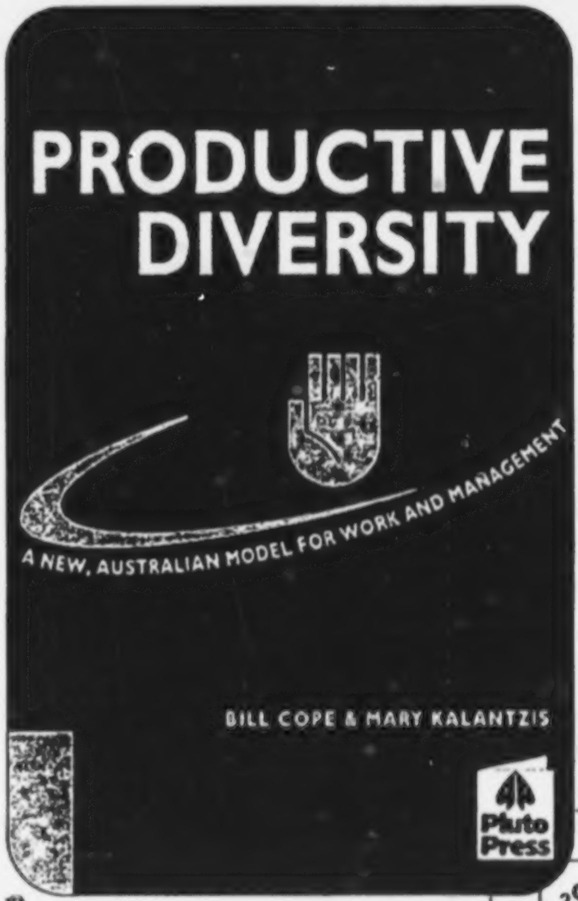
Productive Diversity

Bill Cope & Mary Kalantzis
1997 *Productive Diversity*, Sydney, Pluto Press, Approx. price (Unibooks) $32.95

Productive Diversity is not a book about mental health – it doesn't pretend to be. It is predominantly about organisational cultural existence, and therefore, very much about how and why organisations can be mentally healthy or unhealthy places to be. However, more than that, it is about the health of the nation – the economic, the cultural, and the social. From the factory to the nation it is a story about the influences on the shaping of the social and cultural order.

The book begins as an enlightening and often entertaining history of work and management in the 20th century. It uses culture as the lens and metaphor through which to view models of production and paradigms of organisational life through Fordism and post-Fordism. Cope and Kalantzis argue that understanding culture has always been vital to understanding the organisation of work, people's everyday life at work, life outside work and life after work. Culture is a word that slips and slides they say – it is more than about heritage, lifestyle, traditions, or leisure pursuits and interests. ***'It is about diversity of every level of social organisation imaginable, splitting into finer and finer differentiations all the time'.*** (p7)

In Fordist forms of work the workers were (and still are) mere appendages to the machines. ***Fordism did not even try to pretend that workers think or be part of the work, and therefore derive personal meaning and fulfilment – work provides material means, no more.*** That individuals could do this dehumanising, alienating work for the whole of their working life led Henry Ford to believe that there were certain variations of human nature that were not like his own nature! ***Rigid discipline, unquestioning obedience, absolute rejection of difference, assimilation and homogeneity were the cultural values.*** It was this very bleak working life which breathed life into unions, inspiring workers to dream of a better existence quite the opposite of their daily life – the class struggle. In a paradoxical democratic turn, Ford believed that every Ford worker on his production lines should be able to afford his car like everyone else – and so they


PRODUCTIVE DIVERSITY
A NEW, AUSTRALIAN MODEL FOR WORK AND MANAGEMENT
BILL COPE & MARY KALANTZIS
Pluto Press

Productive Diversity CONTINUED

were – ***'any colour you like as long as it's black'*** – mass consumption/culture.

So too, there are clear signs of the problems of post Fordist organisational and cultural life. ***Corporate culture assumes we can all clone to a neat, single vision, ignoring the reality of the complex cultural environment in which organisations operate and the diverse cultural realities of both workers and clients alike.*** In the rush to globally integrate, local fragmentation is ignored. One of the key ideas of post Fordist ways of operating is that social good and material prosperity are the results of the hidden hand of the markets. (Though readers should be mindful that the products of mass consumption and mass culture, generated by ever-differentiated markets, are still produced using Fordist production methods, exported anywhere the labour is cheaper.)

In post Fordist ways of operating, ***whether a nation or a factory, self-interest dominates.*** Furthermore, social results can be advanced without social thought – the markets will take care of it. While this may be patently absurd, even to a high school student, it is the prevailing paradigm for economic and political impetus. Post Fordism tries to imagine that everyone is the same. Identically replicated corporate values give us rosy images of customer friendly, worker friendly and family friendly organisations – adopting generic ***'have a nice day-isms'*** to your customers whether they be patients, corporations, shoppers or students. Or, minimally, in an advance of a kind say Cope and Kalantzis, dealing with minority groups to avoid irritating litigious claims of harassment and discrimination. Valuing diversity in the post Fordist organisation has come to mean matching similar ethnic background, or sexual preference, or gender, as if these cultural attributes were one-dimensional. While we might want to do that at times, Cope and Kalantzis argue this is just ***'too wooden, too pointed, too hard to manage'*** and misses the point of diversity within diversities, and multiplicity in realities. On the other hand, ostensibly valuing diversity in clients while reducing worker's roles and jobs to replicable lists of (often moronic) competency systems and lists, values no such diversity in workers, their qualitative skills and their multiplicity. Another mantra of post Fordism, multiskilling, has come to mean being able to do a number of tasks, but none terribly well. ***For, in the era of the markets where flexible workers are required, there is a moral authority, which says that any job is better than no job – even a bad job.***

From a Productive Diversity point of view, cultural epithets and descriptors like 'the Japanese', women/workers, consumers, Indigenous people, boat people – all involve gross (and often pejorative) overgeneralisation and aggregation – reduction to one dimensional, monocultural categories. This does little justice (in fact may be downright unjust) to the diversity of the country, the people, or the individuals so typified.

Readers would be interested to see the hearty endorsement on the back cover, by the Minister for Immigration and Multicultural Affairs, Mr Phillip Ruddock, when this book was published in 1997. Perhaps Mr Ruddock ought to read this book again!

This book is an enjoyable and instructive read. I anticipate it would be very useful to those engaged in the task of thinking about, and the pursuit of, mentally healthy workplaces as well as those thinking about how social inclusion as a strategy and practice can be operationalised in work places and spaces. While it is perhaps primarily written for those interested in productive, successful and just workplaces, it will be of much wider interest. For, what doesn't work in organisations is also true of the nation state and of geopolitical relations.

Lou Morrow
Auseinet Project Officer

Consumer and Carer Consultative Committee – Member Profiles CONTINUED
from page 17

Margaret Cook

Her other involvements include:

- Co-Chair of the Consumer Committee in WA
- Secretary on the Executive Board of Western Australian Association of Mental Health (WAAMH) and other WAAMH committees
- Represented the AMHCN in establishment of the GP shared policy committee in the North Metro Mental Health Service
- Involved as a consumer consultant researching the rehabilitation needs for consumers living in hostels
- Involved in the Care Packages Policy Committee for consumers living in hostels and the Private Psychiatric Hostel Standards Reference Committee
- Represented the AMHCN on the Pathways to Resilience Committee and Children of Parents with a Mental Illness Project Report. Many Government and Non-Government organisations consult Margaret on this issue. She has been raising the awareness about this issue for five years.
- Presented lectures to students at universities and to health professionals, raising awareness about many areas that effect people and their families living with mental illness
- Instrumental in getting media coverage into the main newspaper in WA, ABC television, and the Radio National Life Matters program relating to mental health and in particular the unmet needs of children living with a parent who has a mental illness. Initiated a documentary "Children Living with a Parent who has a Mental Illness". SBS TV funded this and allowed a group of consumers and interested professionals to develop the documentary that will be shown on SBS in the near future.
- Presented papers at conferences throughout Australia on issues relating to mental health.

One of the highlights of Margaret's life was to represent mental health consumers, carers and professionals who volunteer their service in mental health by being an Olympic torchbearer in the Year 2000. As a consumer representative Margaret will keep the flame burning to bring about a better understanding of mental health services for consumers and carers, while at the same time working in partnership with health professionals to achieve this, which can benefit everyone.

Contact Details
Email: Tupps72@yahoo.com

Supporting Our Family Kit

The ***Supporting Our Family Kit*** has been put together by COMIC (Children of Mentally Ill Consumers) with the aim of encouraging discussion between parents with a mental illness and their children about the subject of mental illness.

COMIC developed this Kit in response to numerous phone calls and enquiries from family members, mental health care professionals and school teachers, asking, ***'How do we explain mental illness to children?'***

Supporting Our Family

The Kit contains:

- A Care Plan providing children with the opportunity to participate in their own care and to be 'prepared' with relevant details should their parent/caregiver become unwell
- An example of a letter that a parent/caregiver could use to negotiate a school plan
- Checklist to assist parents/caregivers to plan for and discuss issues associated with mental illness and the family
- List of resources that have been found useful with various age groups of children

For copies of this Kit, please contact COMIC on
Tel: (08) 8221 5160

The SANE Guide to Fighting Stigma

The SANE Guide to Fighting Stigma describes what stigma actually means, explains the harm that stigma in the media does, and gives practical suggestions on how you can fight back against it...

The SANE Guide to fighting Stigma

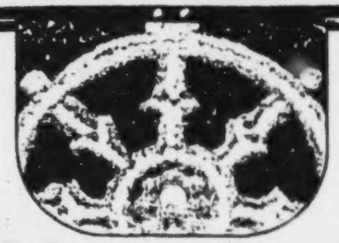
The media – newspapers, magazines, movies, web sites, TV and radio – all play an important part in shaping how we perceive the world around us.

All too often, though, the perception the media creates about mental illness is inaccurate and offensive to those affected, their families and friends.

This Guide is part of SANE's StigmaWatch program. It is designed to help others join in the fight against stigma in the media – promoting more accurate, fairer and respectful coverage of mental illness.

This Guide can be purchased at a cost of $8.00 per copy from the SANE bookshop at:
www.sane.org

ON THE WEB:
Reviews & Other Sites



Web Site Reviews

Cooperative Research Centre for Aboriginal & Tropical Health (CRCATH)

www.ath.crc.org.au/crc/

This organisation has a specific focus on research and education activities that will lead to better outcomes in Aboriginal and tropical health. It involves 6 partner groups (3 government and non-government health service providers and 3 research organisations) who collaborate on research, teaching and information dissemination. It is primarily aimed at health practitioners, health policy units, health administrators, politicians, students and researchers, and Aboriginal people with an interest in the health sector. The 'About the CRCATH' area contains extensive information that describes the aims, policies and structure of the organisation.

As with many Indigenous organisations CRCATH prefers the term health and well-being (rather than mental health). Many of the resources available on this web site deal with factors vital to emotional and social wellbeing – such as housing, maternal education and child health, substance use, community capacity building and Aboriginal empowerment. A large range of resources (via the 'Publications' link) take the form of occasional papers, newsletter, research reports, unrefereed papers and external publications. The 'Conference and Events' link contains yet more information in the form of seminar papers and conference summaries.

All resources are easily accessed (PDF format) with clear layouts, including striking graphics and designs. Although this site doesn't have it's own search facility it is simply navigated, with each area clearly described and simple to link to. It is an attractive site: easy on the eye, and packed with reliable and relevant information.

Office of Aboriginal and Torres Strait Islander Health (OATSIH)

www.health.gov.au/oatsih

OATSIH was established in 1994 and is part of the Commonwealth Department of Health and Ageing. Its primary function is to 'improve the access of Aboriginal and Torres Strait Islanders to comprehensive primary health care services', with a specific focus on health issues that are the major causes of mortality. Part of its brief is to provide promotional activities related to prevention and early intervention in health care.

Publications are presented in the form of an alphabetical listing and include national strategies, information for health services, program evaluations, success stories, and the Health Matters newsletter. Although this list is eclectic it contains many resources that would be of interest to the field of mental health and wellbeing (such as the reviews of substance misuse programs and an evaluation of the Emotional and Social Wellbeing Plan). The Mental Health Matters Newsletter is colourful and informative with profiles of people and services, and details of social and educational events around the country. All resources are downloadable in PDF format.

The site contains a comprehensive list of links to national and regional Indigenous organisations, databases and directories as well as international organisations such as the First Nations and Inuit Health Program and Aboriginal Canada Portal.

The onsite search engine allows for searching via text queries, or through alphabetical listings of publications or major activities, and is an effective method of finding specific information. Although this site is very text based and somewhat plain in appearance it is clear and uncluttered, easy to move around in, and delivers a range of information quickly and efficiently.

The National Centre for Aboriginal and Torres Strait Islander Statistics (NCATSIS)

www.abhealth.net

Located in the Darwin office of the Australian Bureau of Statistics (ABS), NCATSIS has national responsibility for quality statistics relating to Australia's Indigenous peoples. The Centre also provides expert advice to government departments, Aboriginal and Torres Strait Islander organisations, and other users of Indigenous statistics, particularly those concerned with population, health and welfare.

The Digital Library of Indigenous Australia

http://www.dosaa.sa.gov.au/Dosaa.DDL.Website/

Provides an online archive of photographs, press clippings, videos, sound and stories of Indigenous culture both past and present.

The Centre for Aboriginal Economic Policy Research (CAEPR)

www.anu.edu.au/caepr/

A multi-disciplinary social sciences research centre at the Australian National University (ANU) with a primary focus on Indigenous Australian economic policy and economic development issues, including native title and land rights, social justice, and the socioeconomic status of Indigenous Australians. CAEPR is funded by the Aboriginal and Torres Strait Islander Commission (ATSIC), the Department of Family and Community Services (DFACS), and ANU.

Conference List:
July 2002 - May 2003

Australian and New Zealand Association of Psychiatry, Psychology and Law
11 July 2002 to 14 July 2002
Darwin, Australia
For further information:
Festival City Conventions
PO Box 949, Kent Town, SA 5071
Tel: (08) 8363 1307
Fax: (08) 8363 1604
Email: fcceaton@ozemail.com.au

Stress and Anxiety Research Society, 23rd International Conference – STAR 2002
14 July 2002 to 17 July 2002
Melbourne, Australia
For further information:
Kate Moore
School of Psychology, Deakin University,
Burwood, VIC 3125
Tel: (03) 9244 6475
Fax: (03) 9244 6858
Email: kmoore@deakin.edu.au
Web Site: www.star-society.org

Third International Conference on Emotions and Organisational Life
14 July 2002 to 16 July 2002
Bond University, Gold Coast, Australia
For further information:
Neal Ashkanasy
Tel: (07) 3365 7499
Fax: (07) 3365 6988
Email: N.Ashkanasy@gsm.uq.edu.au
W/: www.uq.edu.au/emonet/call_for_papers.doc

Young People 2002: Research, Practice & Policy
22 July 2002 to 24 July 2002
Keele University, United Kingdom
For further information:
Karen Wraith
Wraith Conferences, 12 Mushroom Field,
Kingston Nr Lewes, BN7 3LE
Fax: 0 44 (0) 1273 483532
Email: kfwraith@wraithconf.force9.co.uk

Stress, Trauma and Coping in Emergency Services and Allied Professions
14 August 2002 to 18 August 2002
Melbourne, Australia
For further information:
PO Box 173, North Carlton, VIC 3054
Tel: (03) 9347 9313
Web Site: www.cismfa.org.au

There's No Health Without Mental Health – 12th Annual TheMHS Conference
20 August 2002 to 22 August 2002
Sydney, Australia
For further information:
TheMHS Conference
PO Box 192, Balmain, NSW
Tel: (02) 9926 6057
Fax: (02) 9926 7078
Email: enquiries@themhs.org
Web Site: www.themhs.org

12th World Congress of Psychiatry
24 August 2002 to 29 August 2002
Yokohama, Kanto, Japan
"Partnership for Mental Health"
For further information:
Conference Secretariat
World Psychiatric Association International
Center for Mental Health Mt Sinai School of
Medicine Fifth Avenue and 100-th Street,
Box1093 New York, NY 10029-6574
Tel: 0011 1 212 241 6133
Fax: 0011 1 212 426 0437
Email: wpa@dti.net
Web Site: www.wpanet.org/home.html

Third Biennial Conference of The Institute for Youth, Education and Community
29 August 2002 to 30 August 2002
Melbourne, Australia
For further information:
Helen Power
Tel: (03) 9688 4904
Fax: (03) 9688 4646
Email: Helen.Power@vu.edu.au
Web Site: http://w2.vu.edu.au/iyec/

Second World Conference on the Promotion of Mental Health and the Prevention of Mental and Behavioral Disorders
11 September 2002 to 13 September 2002
London, United Kingdom
For further information:
Michael Murray
The Clifford Beers Foundation Mariazell,
5 Castle Way Stafford ST 16 1BS UK
Fax: 0011 44 178 524 6668
Email: michael_murray@charity.demon.co.uk

Social and Cultural Psychiatry of the Royal Australia, New Zealand College of Psychiatrists
12 September 2002 to 14 September 2002
Cairns, Australia
For further information:
The Conference Organiser, S & C Conference
PO Box 214, Brunswick East, VIC 3057
Tel: (03) 9380 1429
Fax: (03) 9380 2722
Email: conorg@ozemail.com.au

Putting It All Together (Auseinet)
15 September 2002 to 17 September 2002
Adelaide, Australia
For further information:
Jill Knappstein
C/- CAMHS Flinders Medical Centre,
Bedford Park, SA 5042
Tel: (08) 8404 2999
Fax: (08) 8357 5484
Email: auseinet@flinders.edu.au
Web Site: www.auseinet.com

For more information about conferences, please look at the Auseinet web site at: www.auseinet.com/links/diary/

13th World Congress of Inclusion International
22 September 2002 to 25 September 2002
Melbourne, Australia
For further information:
Secretariat
C/- ICMS Pty Ltd, 84 Queensbridge Street,
Southbank, VIC 3006, Australia
Tel: (03) 9682 0244
Fax: (03) 9682 0288
Email: inclusion@icms.com.au
Web Site: www.icms.com.au/inclusion

3rd International Conference on Early Psychosis
25 September 2002 to 28 September 2002
Copenhagen, Denmark
For further information:
Conference Secretariat
ICS A/S Copenhagen PO Box 41 Standvejen
171 DK-2900 Hellerup Denmark
Tel: + 45 3946 0500
Fax: + 45 3946 0515
Email: iepa2002@ics.dk

Marriage and Relationship Education National Conference
26 September 2002 to 29 September 2002
Brisbane, Queensland
For further information:
Anne Brelsford - Kinections
Tel: (07) 3435 4320
Email: education@kinections.com.au

37th Australian Psychological Association Annual Conference
27 September 2002 to 1 October 2002
Gold Coast, Queensland, Australia
For further information:
Conference Team
Tel: (03) 8662 3300
Email: confer@psychsociety.com.au
W/: www.psychsociety.com.au/about/fr_about.htm

Early Childhood Matters Conference – "Starting Strong – in the First Eight Years".
4 October 2002 to 5 October 2002
Melbourne, Australia
For further information:
Family and Community Support
Community Care Division, 1/555 Collins Street
Melbourne, Vic 3000
Email: Community.Care@dhs.vic.gov.au

The World Fellowship for Schizophrenia & Allied Disorders Fifth Biennial Conference
9 October 2002 to 10 October 2002
Kyoto, Japan
For further information:
WFSAD
#104,869 Yonge Street TORONTO ONT M4W
2H2 CANADA
Tel: + 416 961 2855
Fax: + 416 961 1948
Email: info@world-schizophrenia.org

Australian & New Zealand College of Mental Health Nurses 28th International Conference
15 October 2002 to 17 October 2002
Sydney, NSW Australia
For further information:
Sue Butterworth, Conference Secretariat
GPO Box 2609 Sydney, NSW 2001 Australia
Tel: (02) 9241 1478
Fax: (02) 9251 3552
Email: mental@icmsaust.com.au
Web Site: www.healthsci.utas.edu.au/nursing/college/2002conference1.html

5th Conference for Carers of People with a Mental Illness
26 October 2002
Melbourne, Victoria
For further information:
The Meeting Planners:
Email: carers@meetingplanners.com.au
Web Site: www.carersconference.info

International Federation on Ageing 6th Global Conference
27 October 2002 to 29 October 2002
Perth, Western Australia
For further information:
Secretariat: Congress West Pty Ltd
PO Box 1248, West Perth, WA 6872
Tel: (08) 9322 6662
Fax: (08) 9322 6906
Email: IFA@congresswest.com.au
Web Site: www.congresswest.com.au/IFA/

Critical Early Childhood Years: Rethinking Current Interventions and Strategies
8 November 2002 to 9 November 2002
Melbourne, Australia
For further information:
Conference Secretariat – Gini Solutions
Tel: (03) 9859 5508
Email: ginisolutions@bigpond.com

10th Annual Rural and Remote Mental Health Conference
19 November 2002 to 21 November 2002
Muresk, WA, Australia
For further information:
Malcolm MacDonald
Coastal and Wheatbelt Mental Health Service
Tel: (08) 9621 0999
Email: malcolm.macdonald@health.wa.gov.au

Children First: Making the Vital Years Count
22 November 2002 to 24 November 2002
Coffs Harbour, NSW, Australia
For further information:
Kathy Whalan, Project Officer – Country
Children's Services Association
PO Box 118, Katoomba, NSW 2780
Tel: (02) 4782 1470
Fax: (02) 4782 4425
Email: conference@ccsa-nsw.asn.au

World Federation for Mental Health Congress 2003
21 February 2003 to 26 February 2003
Melbourne, Australia
For further information:
Congress Secretariat
ICMS Pty Ltd 84 Queensbridge Street
Southbank, VIC 3006 Australia
Tel: (03) 9682 0244
Fax: (03) 9682 0288
Email: wfmh2003@icms.com.au
Web Site: www.icms.com.au/wfmh2003

7th National Rural Health Conference
1 March 2003 to 4 March 2003
Hobart, Australia
Further details to be provided.
For further information:
Web Site: www.ruralhealth.org.au/index.htm

Our Children The Future 3
1 May 2003 to 4 May 2003
Adelaide, Australia
For further information:
Neville Cichon
Tel: (08) 8226 9548
Email: octf@saugov.sa.gov.au
Web Site: www.octf.sa.edu.au/care/

Publications Order Form

Auseinet has released a range of publications. They are available on our web site and can be downloaded. Alternatively they can be purchased from the Auseinet office. We also have available two videos which can also be purchased (details below).

EARLY INTERVENTION BOOKS

Model projects for early intervention in the mental health of young people: Reorientation of services. A guide for professionals and health administrators considering reorienting their own service.

Early intervention in the mental health of young people: A literature review.

CLINICAL APPROACHES SERIES

'Clinical approaches to early intervention in child and adolescent mental health' is an edited series aimed mainly at health professionals who work with young people, but may be of interest to others. Each volume in the series is a stand-alone document.

- **Early intervention for anxiety disorders in children and adolescents**
- **Attention deficit hyperactivity disorder in preschool aged children**
- **The perinatal period: Early interventions for mental health**
- **Early intervention in conduct problems in children**
- **The psychological adjustment of children with chronic conditions**

VIDEOS

"Youth Suicide: Recognising the Signs" – An instructional video toward the danger signals when dealing with young people, providing practical advice on how best to approach them. A video for school counsellors, health professionals, youth workers.

"Out of the Blues: A Video about Young People and Depression" – A training package providing examples of how young people may present and the various treatment approaches that can help.

national
mental
health
strategy

PPEI

LiFe
Living is For everyone

See details overleaf for ordering.

Publications Order Form

***AUSEINET:* The Australian Network for Promotion, Prevention and Early Intervention for Mental Health.**
Postal Address: C/- Southern CAMHS, Flinders Medical Centre, Bedford Park, South Australia, 5042
Telephone: (08) 8404 2999 • **Facsimile:** (08) 8357 5484
Email: auseinet@flinders.edu.au • **Web Site:** www.auseinet.com

TITLE	PRICE (inc GST)	No. Quantity	Total $ $ $
Model projects for early intervention in the mental health of young people: Reorientation of services	$16.50		
Early intervention in the mental health of young people: A literature review.	$16.50		
Early intervention for anxiety disorders in children and adolescents	$16.50		
Attention deficit hyperactivity disorder in preschool aged children	$16.50		
The perinatal period: Early interventions for mental health	$16.50		
Early intervention in conduct problems in children	$16.50		
The psychological adjustment of children with chronic conditions	$16.50		
– Complete Set of Above 7 Books –	$82.50		
Video - "Youth Suicide: Recognising the Signs"	$66.00		
Video - "Out of the Blues: A Video about Young People and Depression"	$66.00		

(All the above prices include postage and packaging)

TOTAL $ ________

Charge to: (print clearly) (A Tax Invoice will be provided from Flinders Uni.)

Debtors Name: ________ **Organisation:** ________
Purchase Order No (if applicable): ________ **Telephone:** ________ **Facsimile:** ________
Address: ________
Suburb: ________ **State:** ________ **Postcode:** ________
Email: ________
Contact Person: ________ **ABN No (if available):** ________

Fax to (08) 8357 5484 • For further information please ring (08) 8404 2999 or email auseinet@flinders.edu.au

AUSEINET • Australian Network for Promotion, Prevention and Early intervention for Mental Health

Auseinetter

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www.auseinet.com

Funded under the National Mental Health Strategy by the Commonwealth Department of Health & Ageing

Comment –

Jennie Parham – Project Manager

Recent global events, such as the Bali bombings, have certainly touched all of us and provide a reminder of our increasing vulnerability. Added to these world events was the tragic death of Dr Margaret Tobin, Director of Mental Health Services in South Australia. This has left people bewildered and shocked. There is no doubt we are living in a changing world requiring from us the capacity to respond, adapt and cope with a less stable, less secure and less safe environment. Never has there been a more important time for engaging people into focussing on better ways to look after their mental health.

Auseinet Forum

Auseinet held a very successful national forum in September at the Stamford Grand Hotel, Glenelg, in Adelaide. About 185 delegates from across Australia attended including a large contingent of consumers and carers. Feedback from delegates was extremely positive and very encouraging.

The major themes emerging from the two days of the forum were:

- The importance of the **National Action Plan for PPEI** as the framework for PPEI in Australia and the need for continued promotion and awareness raising of the documents throughout health and other sectors.
- The **challenges of collaboration and partnerships**. Several of the keynote speakers emphasised the importance of understanding our partners, the context they operate in, the language they speak and ways to engage with them. Partnership needs to be truly 'shared', not paternalistic.
- The need for **increasing consumer and carer participation** and the challenges that it provides in terms of infrastructure, remuneration and partnerships. The role of consumer participation in prevention was also explored.
- Recognition of the **need for appropriate and relevant research and evaluation**, that informs practice, particularly population based research, which is often longitudinal and culturally valid (i.e. in relation to Indigenous populations).
- One of the keynote speakers reminded us that **mental health is a communal responsibility** and challenged us to explore new and different ways of engaging the community to take responsibility.
- Finally, we were encouraged to keep **moving forward** – recognising past achievements, building on and learning from them in facing the **challenges of the future**.

I think those who participated in the forum found it to be stimulating, challenging, encouraging and enjoyable. We are currently working on collecting copies of papers and presentations in order to put the proceedings from the forum on the Auseinet web site.

Following the forum, Michael Murray, Chief Executive Officer of Clifford Beers Foundation in the United Kingdom and a keynote speaker at the Auseinet forum, conducted a tour of Australia to support each of the states and territories in progressing the PPEI agenda. Michael has kindly provided an editorial in this issue.

New Publications

At the forum, Auseinet launched two new publications:

Challenges and Triumphs: A mosaic of meanings

This is an anthology of consumer and carer perspectives on recovery, hope and survival. Consumers and carers have contributed in various forms – prose, poetry, art and lyrics – their journies and experiences.

Mental Health and Work: Issues and perspectives

This provides an overview of seminal work in Australia and internationally on this important topic.

Both publications are currently being disseminated free of charge to relevant agencies and organisations. **Mental Health and Work** will soon be available in pdf form downloadable from the Auseinet web site.

COMMENT – Jennie Parham – Project Manager CONTINUED

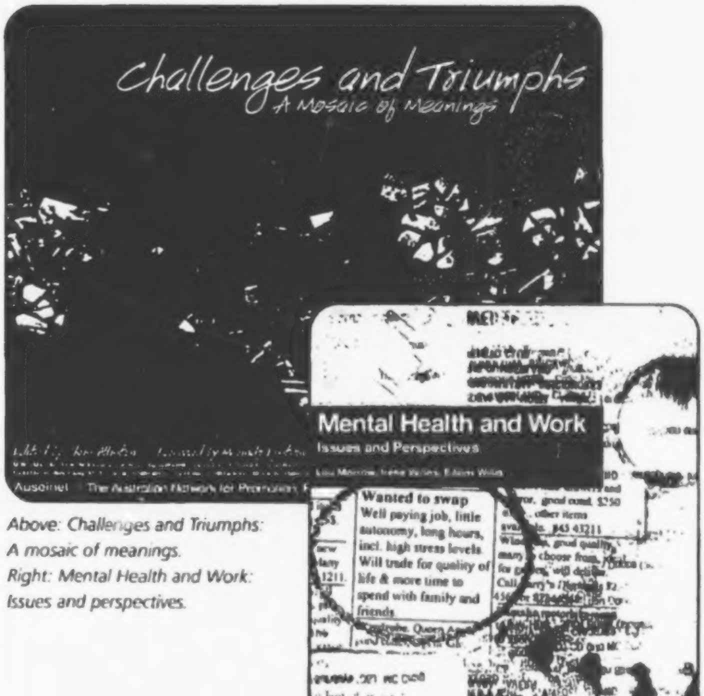
Team Comings and Goings

Regretfully, we say farewell to Lou Morrow who took up a new position with the Australian Nursing Federation in November. We wish her well and thank her for her significant contributions to Auseinet. Warren Milera, Project Officer, Indigenous Issues also left us in September to pursue a promising singing career. On a lighter note, we welcome Liz Bok to the team who has taken up the position of Communications Coordinator for the CommunityLIFE project. More about this project is also featured in this issue of the Auseinetter.

I hope you find the following reading informative, helpful and stimulating. We have explored the concept of self-injury in this issue, from two different perspectives, in the hope that it will help shed some light on an important, but often misunderstood behaviour, particularly in relation to suicide. If you would like to contribute to further issues of this newsletter, then please contact a member of the Auseinet team.

As this is the last Auseinetter issue for 2002, I would like to take this opportunity to wish you all a happy and safe festive season.

Jennie Parham
Project Manager, Auseinet


Challenges and Triumphs
A Mosaic of Meanings
Auseinet
Mental Health and Work
Issues and Perspectives
Wanted to swap
Well paying job, little autonomy, long hours, incl. high stress levels. Will trade for quality of life & more time to spend with family and friends
PPEi
VicHealth

Above: Challenges and Triumphs: A mosaic of meanings.
Right: Mental Health and Work: Issues and perspectives.

Auseinet National Team:

Please feel free to contact any of the team members directly if you have any queries regarding Auseinet programs and activities.

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Web Site
www.auseinet.com

Contributions to this newsletter do not necessarily reflect the views of the Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet).

Graphic Design by Image & Substance Pty Ltd.

Reflections On The Auseinet Forum –

Putting It All Together • 15-17 September 2002

**Michael Murray,
Chief Executive Clifford Beers Foundation and Editor of the International Journal of Mental Health Promotion, United Kingdom**

As Angus Grosaart said,

> ***"I've got a great ambition to die of exhaustion rather than boredom"***

an ambition I nearly achieved when I travelled to Australia as the first Auseinet Fellow. After spending the first week of my stay in Adelaide I visited Perth, Darwin, Brisbane, Sydney, Hobart and Melbourne in the space of nine days and while in each city I made a presentation and was able to join in the debate and discussions and workshops that followed.

However, far from complaining I was delighted to be able to accept such an honour and to have the opportunity to learn so much from the promotion, prevention and early intervention programs that are currently being undertaken throughout the different states and territories.

After completing my responsibilities as Chair of the Organising Committee for the Second World Conference on the Promotion of Mental Health and Prevention of Mental and Behavioural Disorders, I set off for Adelaide late on Friday 13 and arrived for the Forum on Sunday morning of the 15 September. I can remember thinking how nice it would have been to have a little more of the time Matthew Flinders enjoyed when he made the trip 200 years ago but I expect he arrived tired as well. At least I had the advantage of using the superb accommodation arranged by my hosts. Sunday afternoon was a chance to catch up on some missing sleep before I attended the Welcome Reception on Sunday evening and the Forum's opening session on Monday morning.

The Forum, which was my first chance to hear more, at first hand, about mental health promotion and the prevention of mental disorders in Australia provided a spectrum of interesting plenary presentations and of course a wide range of diverse talks in the concurrent streams. For myself I chose to attend the Partnership stream and also took the opportunity to have a lengthy discussion with a member of the press in which I learned that mental health/illness enjoys the same type of negative stereotypes found in almost all developed countries. It was heartening however to see the steps that are being taken in Australia to try and address these often cynical and pessimistic views of the mental health care system in practice.

The overall theme of the Forum, ***Putting It All Together***, offered the opportunity for delegates to reflect on past efforts and also the facility to discuss ways to promote mental health and prevent serious mental disorders by engaging a wide range of groups from a diverse range of backgrounds; all determined to work towards a more inclusive and mentally healthy society. As an outsider and someone new to the Australian scene the Forum was a unique opportunity to stand back and take a snapshot view of the proceeding while at the same time extrapolating some major themes and key messages.

Of course the following represents a personal and subjective review but in part may serve to identify issues that warrant further debate. The notes are not set out in a prescribed manner but more realistically reflect my own train of thought while I contemplated the proceedings over the two days of the Forum.

The first issue to merit comment was the difference between the format of the World Conference and that of the Forum in respect of consumer input. In London the view taken was that promotion/prevention is something that affects everyone and as such relates to all walks of life, very much as one might consider any public health issue. Consequently, it is perhaps no more the domain of mental health as is education, housing, community development, employment… As such, in the London proceedings, little or no attempt was made to provide a specific reference point for the views of consumers relating to treatment. However as early intervention is an integral component in the ***National Action Plan*** the participation of consumers was of course an important issue for discussion; this point being re-enforced on a number of occasions and I will relate to it again later.

It was very interesting to listen to the different interpretations assigned to the concept of early intervention and as these different interpretations appeared to be a matter of contention within certain quarters, early intervention could well provoke some further debate.

Health is a Communal NOT just an Individual Responsibility, was a presentation which, although assigned to the second day of the conference, provided a key focus for delegates by asking the conference to determine what type of society is acceptable. If we acknowledge the need to look out for the weaker and more vulnerable members of the community, we need to design programs and systems to ensure their needs are considered and efforts made to provide appropriate safeguards. Currently, western style societies feel the need to compete in consumer driven societies. This market orientated environment has resulted in 'winners and losers'. The latter often face pressures that make it impossible to retain their place in mainstream society. Such groups may include people with a mental illness, the physically disabled and the poor; all of whom are particularly at risk of social exclusion.

The National Action Plan for Promotion, Prevention and Early Intervention for Mental Health and the companion document, ***A Monograph***, provided a second focus by providing a clear and very detailed outline of the strategies that can be used to…

promote mental health, to reduce mental health problems and mental disorders through enhancing protective factors and reducing risk factors for mental disorders and to intervene as early as possible to minimise the impact of the symptoms of mental health problems and mental disorders

...and as such address issues outlined above. A very extensive dissemination program had been implemented prior to the Forum but a number of delegates reported not having seen the document; a point reinforced at subsequent presentations made in major cities throughout Australia. This highlights the real difficulties faced in getting the message to everyone, but a difficulty that must be addressed especially when such a detailed, informative, well researched and well written document is produced. This excellent document presents

> ***...the rationale for adopting a promotion, prevention and early intervention approach to mental health. It argues that accumulating evidence shows the widespread and long-term benefits that this approach will have on the social and emotional wellbeing of Australians. Through multisectoral partnerships and activity, and with due consideration of the issues presented in this monograph, commitment to a promotion, prevention and early intervention approach will enable Australia to reduce the burden of mental health problems and mental disorders and enhance the mental health of all Australians.***
>
> ***(Monograph p. xi)***

As I enumerated in a number of my subsequent presentations throughout Australia, the National Action Plan provides very comprehensive guidance and advice and covers a very extensive range of issues that are essential reading for the practitioner. It is a document that will be of interest and value to many in countries other than Australia as the Plan emphasises that:

- Positive mental health contributes to the social, human and economic capital of societies;
- The burden of mental illness is high and growing;
- Proven effective interventions are available;
- Mental illness not only impedes the achievement of other health and development targets, but contributes to poverty and differentially affects the poor;
- Mental health has an intrinsic value as does physical health.

As the Australian Health Ministers succinctly put it in 1998, mental health promotion is...

> ***action to maximise mental health and wellbeing among populations and individuals***

...and since there is no health without mental health and mental health promotion is a multi-disciplinary endeavour, which by working with people throughout the different stages of life and their environment helps in the achievement and maintenance of the mental strengths people need to deal with life's problems, the Action Plan should be on the agenda of all those agencies dealing with human and welfare issues e.g. housing, health and social care, education etc. and as such involves a population based approach.

Partnership working then becomes an essential ingredient in any implementation plan as the need for joint action between the relevant agencies becomes recognised and accepted. In true partnerships there are:

- shared resources, power and authority and a common goal which no one collaborator could achieve alone; and
- balanced perspectives and goals among the multiple stakeholders.

When working with consumers it is essential to recognise that consumers are people with unique and valuable experience which calls for respect from the professional. Furthermore if consumers are to be allowed to contribute to their full potential they, as do professionals, require the appropriate resources and training to fulfil this role.

Partnership working helps foster and develop capacity building both at organisational and community levels and unless the concept of building capacity is embraced it is difficult to conceptualise how the Action Plan could be successfully implemented within community settings.

Of course, delegates accepted that mental health treatment services are needed, but alone they will never be able to meet demand. The time is long overdue for the field of public health to recognise this and provide mental health promotion and mental disorder prevention programs. Mental health promotion and the prevention of mental disorders programs now offer realistic prospects for containing this major public health crisis, as the field has developed to the point that the results from high quality research trials are achieving the same levels of credibility as those in other areas of biomedical and psychosocial science.

Rather than reinventing the wheel, the call was made for the development of best practices based on research. A review of the literature highlights there have been a significant number of important advances in the research base for mental health promotion and prevention programs over the last decade covering settings, life stages etc. What we need to do is to bridge the gap between research and effective program implementation by translating from research to effective practice and translating from effective practice into research.

The combination of scarce resources, the growing need for promotion and prevention programs (because of the high prevalence, costs and diversity of mental health problems) and the increasing request for more accountability highlights the essential need to develop the concept of best practice and related concepts e.g. evidence based promotion and prevention programs, demonstration projects and model programs, in much the same way as population and public health.

A cautionary note was struck to remind delegates to the Forum that replication of programs called for fidelity. In addition to the content and structure of the intervention there is the need to consider;

- the process and structure of the planning, implementation and training system;
- facilitatory and inhibitory factors in the local setting or context; and
- readiness, mobilisation of support, ecological fit of the program, cultural sensitivity, extent of participation, collaboration.

My concluding comments on the Forum relate to the commitment and goodwill that was evident amongst the delegate group. Of course difficulties will be encountered when attempting to implement the Action Plan at the state and territory level. There is the need for appropriate resources, the difficulty in overcoming communication problems, the need for leaders and inter-sector co-operation, true partnership working and a well researched review of effective practices, policies and programs. Good effective management is essential but before anything can happen there needs to be the political will at the highest levels, in each of the states and territories to make the proposals a reality.

My subsequent visits to the capitals of each state and territory served to consolidate the perceptions formed at the Forum. If there was a common theme it was the will to put the Action Plan into practice, together with a realisation that much work was required before real and significant progress could be achieved. It was pleasing to observe the degree of support for working across state and territory boundaries in both learning from and assisting others and there are, of course, a range of impressive initiatives either in place or in the process of development throughout Australia.

In many ways my conversations with individuals and discussions with groups reminded me of similar events back in the United Kingdom; that is, there is overwhelming agreement as to what needs to be done but far less convergence on how to do it.

There are, however, perhaps some lessons we can heed. The barrier to progress in promotion, prevention and early intervention is not the lack of knowledge but rather the lack of:

- collaboration and research;
- the dissemination and sharing of on-going research and developed programs; and
- effective management of very scarce resources.

The challenge is to work together to overcome these obstacles.

Michael Murray (top left), and the Auseinet team.

Self-Injury As Meaning

Megan Johnston

Megan Johnston is a Sydney-based journalist with a Bachelor of Media from Macquarie University. She has worked for the Bodies Under Siege bulletin board (http://busmail.org/phpBB/) as a volunteer monitor for over two years and has written a comment piece regarding media portrayal of self-injury that will appear in the December 2002 edition of the American Journal of Nursing.

What does it mean when a person physically harms themselves? Is it a mechanism for coping with overwhelming emotions, a response to trauma, or a sign of some other psychological pain or disturbance? In all likelihood the possibilities are too numerous to list.

One thing is obvious, however – pathological self-injury is neither trivial nor healthy behaviour. Physically harming oneself is a loaded gesture from which meaning can be drawn, even if the person carrying it out does not have a clear understanding of what it is.

On the simplest level self-injury may invoke feelings such as fear, disgust or sympathy. For the person who carries it out, it often seems to be an act of desperation, sorrow or confusion. This is not surprising considering the violent imagery it suggests – blood, wounds and pain can all be associated with self-harm.

To cultural theorists, however, there are deeper issues at stake. Perhaps most well-known is French philosopher and social critic Michel Foucault, who asserts, 'Power is inscribed on and by bodies through modes of social supervision and discipline as well as self-regulation'[1]. His arguments strongly influence 'body-as-text' discourses and there are those theorists and writers whose work in self-injury directly draws on his writing or shows a marked parallel to it.

Elizabeth Grosz, for instance, talks of 'corporeal surfaces' in ***Inscriptions and body-maps: representations and the corporeal*** and argues, 'Inscriptions of the corporeal differences between bodies can be seen to produce body-subjects as living significations, social texts capable of being read or interpreted.'[2]

In addition, David Curry places body decoration 'at the interface between the private and the public' in his exploration of perversity in ***Decorating the Body Politic***. He writes:

> ***Our skin and its extensions are not only a literal boundary between ourselves and others but they are also symbolic of the psychological, social and political boundaries between us. How we treat and present this boundary makes powerful statements about how we feel about ourselves in these relationships.***[3]

Curry argues that, depending on the extremity of the case, any person who has carried out body modification locates him or herself somewhere between 'dominant' society and its outer reaches, such as fringe or alternative groups. Further, he explains, 'In the process of socialisation there are two drives often opposing each other, which influence the role that people achieve in their social group: the drive to integrate into the dominant group and the drive to individuate from it.' But these two drives are not always opposing as it is possible attempts to individuate from one group can become confused with attempts to 'belong' to another. For example, body modification can simultaneously be an attempt to individuate from mainstream society and an attempt to belong to a more exclusive group of like-minded people.

Self-injury, however, seems to play a different social role. While there are various ways of understanding the difference between self-injury and body modification, Curry sees the distinction as being 'the perverted' versus 'the perverse'. The point he makes is perverted behaviours are those unconsciously adopted, 'known to be found repugnant by the dominant group and so hidden from them'. In contrast, perverse behaviours are conscious acts, even if they are unwanted by the dominant group. They usually play a positive role in identity construction and are 'chosen, enjoyed and meaningful for the individual'.

As such, self-injury is usually an isolating behaviour and sufferers often only seek help after a long period of time, out of desperation or after their behaviour has been accidentally revealed.

Bodies Under Siege

If self-injury is an alienating and isolating experience then Bodies Under Siege (BUS) exists to counter that. BUS is a recovery-focused online community (**www.palace.net/~llama/psych/busfaq.html**) intended for discussion, mutual support and self-help between people who are dealing with self-injurious behaviour. As such, one of its most important functions is to create a feeling of inclusion and acceptance for those who self-injure.

A recent informal poll of members[4] of the BUS bulletin board suggested self-injury is, at the very least, usually initially a solitary act. The vast majority (68 per cent) of the 74 people who responded felt that when their self-injurious behaviour first began to occur, 'I just did it; I felt I was the only one and it was just a natural response'. A further 14 per cent had heard of self-injury before, but still felt alone, while 10 per cent had met another self-injurer before even if they didn't know very much about it – and finally 5 per cent who knew about self-injury or carried it out with another person.

While this poll is not a strict indicator of the experience of self-injurers everywhere, it goes some way to showing how self-injury is often carried out by individuals alone and further, may be kept a damaging secret by people who don't realise there are many others who share their situation. Quite telling are the words that greet visitors to the founder of BUS, Deb Martinson's ***Secret Shame: You are not the only one*** web site (**www.palace.net/~llama/psych/injury.html**).

Self-Injury As Meaning CONTINUED

By creating a community such as this, Martinson has provided a non-intimidating 'safe space' that helps self-injurers reconnect with wider society and hopefully will provide them with the confidence and understanding to seek solutions.

Finding Solutions

As Martinson writes on her ***Secret Shame*** web site: 'We (humans) all do things that aren't good for us and that may harm us.'[5] But how do we know we have crossed the line into unhealthy behaviour, and most importantly, how do we get back?

Fortunately there is a large body of research that indicates it is possible to overcome the boundaries that self-injury creates and work towards therapeutic solutions and healing.

According to Armando R. Favazza, in the book after which BUS was named, ***Bodies Under Siege: Self-Mutilation and Body Modification in Culture and Psychiatry:*** 'The first steps in doing something about a problem are giving it a name and a classification.'[6] This he proceeds to do in great detail, drawing on historical and cultural accounts of self-injury in one of the first serious accounts of self-injury and almost certainly the most comprehensive. There is little doubt in my mind this type of analysis, as well as public education campaigns and increased awareness amongst health professionals, have helped to de-mystify a behaviour loaded with such potent and violent associations.

It is due to efforts such as these that effective solutions and recovery may be achieved for what has largely been a 'secret shame' for so many.

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What is Self-Injury?

Broadly speaking, self-injury is the act of attempting to alter a mood state by inflicting physical harm serious enough to cause tissue damage to one's body. Approximately 1 per cent of the population uses physical self-injury as a way of dealing with overwhelming feelings or situations.

People who inflict physical harm on themselves are often doing it in an attempt to maintain psychological integrity. Unbearable feelings and pressures are released through self-harm, easing an urge toward suicide. Although some people who self-injure do later attempt suicide, they almost always use a method different from his/her preferred method of self-harm.

What is Self-Injurious Behaviour?

The forms and severity of self-injury can vary, although the most commonly seen behaviour is cutting, burning, and head-banging. Other forms of self-injurious behaviour include carving, scratching, branding, marking, burning/abrasions, biting, bruising, hitting, picking, and pulling skin and hair. It is not generally considered self-injury if the primary purpose is sexual gratification, body decoration, spiritual enlightenment via ritual, or fitting in or being 'cool'.

Why Does Self-Injury Make Some People Feel Better?

It rapidly reduces physiological and psychological tension: Studies have suggested that when people who self-injure get emotionally overwhelmed, an act of self-harm brings their levels of psychological and physiological tension and arousal back to a bearable baseline level almost immediately.

Although a history of abuse is common among people who self-injure, this is not the case in all situations. Invalidation as a child and lack of role models for coping can be factors.

Problems with neurotransmitters may play a role: Scientists think problems in the serotonin system may predispose some people to self-injury by making them more aggressive and impulsive than most people. Some researchers theorise that a desire to release endorphins, the body's natural painkillers, is involved.

Can Support Be Provided?

Yes. Many new therapeutic approaches have been, and are being developed, to help people who self-harm learn to adopt new coping mechanisms. These approaches reflect a growing belief among mental health workers that once a person has stabilised his/her patterns of self-inflicted violence, a process to explore the issues underlying the self-injury can commence. Research into medications that stabilise mood, ease depression, and calm anxiety is also being undertaken; some of these drugs may help reduce the urge to self-harm.

Deb Martinson, founder of Bodies Under Siege

Online Self-Injury Resources

There are a number of offline and online resources related to self-injury, some of which can be accessed by the links below:

Bodies Under Siege
www.buslist.org
Access to information, email list, web board

Secret Shame
www.palace.net/~llama/psych/injury.html
Self-injury information and support

American Self-Harm Information Clearinghouse
www.selfinjury.org
Information about self-injury for people who self-harm as well as mental health professionals, doctors, the media and general public

Self-Abuse
www.selfabuse.com
Provides links to a number of sites which provide a variety of information about self-injury

Young People and Self-Harm
www.selfharm.org.uk
The Young People and Self-harm Information Resource is an international listing of initiatives that relate to children, adolescents and young adults under 20 years who physically injure themselves

Self-Injury In Context

Graham Martin – Auseinet Advisor
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Much has been discussed in these pages and elsewhere about suicide and its risk and protective factors. However, the connected problem of self-injury is little discussed, yet at the clinical coalface and in Emergency Departments it causes more difficulty more often than suicide attempts themselves. Why do people self-injure? What are the implications? What is the connection to risk of suicide? How do you handle someone who harms their body for what often feels like incomprehensible reasons?

My first contact with the phenomenon was during my first ever job as a doctor. A man came across the road from the Maudsley Hospital, to our Emergency Department; he had over 50 fresh cuts across both arms, some quite deep and many bleeding freely and requiring closure. The registrar told a nurse and I to sew him up without anaesthetic; 'That will stop him wasting our time!' When we argued, we were told to get on with it or take the consequences. Contrary to our expectation, whenever I put a suture in place the man, he cried out; 'Oh, oh, doc, do it again, doc!' We were totally non-plussed.

More recently I worked with a young woman who in one session sat and, in silence, scraped at her skin with a nappy pin. After 5 minutes of silent concentration she looked rather coyly at me and asked; 'Aren't you going to stop me?' I replied that she obviously had a need to demonstrate the depth of her pain to me, yet so far had not been able to find the words. The following day she approached me on the ward; 'You know that nappy pin? I gave it to a friend who had a hole in his jumper'. She turned on her heel, but in the session that followed she began to tell me her story.

It is said that over 2 million Americans use self-injury to express or control inner pain, and I would guess the situation to be very similar in Australia. The US Office of National Statistics study of 10,000 parental reports of mental health, suggests that by age 15 years 2-3% have self-injured. Rates are higher in anxious (9.4%) and in depressed young people (18.8%). We can conclude that this is a common problem.

As an exhibition in 2000 at the Australian Museum demonstrates, the body has been used since early times and across many cultures to express a range of experience. The frozen human Ötzi, found in the Austrian Alps and dating back 5,300 years, is the oldest tattooed body known. He has 57 tattoos, some around the ankles, knees and lower back – thought to be medicinal. Evidence of ancient tattooing in Japan comes from figurines called 'dogu' – 3000 years old. The Maori facial markings (Ta Moko) is said to be a history of a person's achievements and represents their status in their tribe. The left side of the face relates to the father's history and the right side to the mother's history. Originally, Ta Moko was chiselled into the skin using an albatross bone, with pigment added later. In Papua New Guinea, scarification is related to initiation. The skin on the chest, back and buttocks of the initiate is cut with a bamboo sliver to test their physical strength and self-discipline. As a young man says; 'I wear the marks of the ancestral crocodile.' Healed scars are a power mark, a spirit, a security used for protection and connection with the totems and ancestors of the clan. In Aboriginal culture, scarring also occurs. An elder says: 'The cuts are a stamp or a seal. Our people have two cuts on each shoulder, two on the chest and four on the belly. You must have the cuts before you can trade anything, before you can get married, before you can sing ceremonial songs'.

These ideas translate to the present day westernised culture; 'My body adornments are about my inner spirit, love, trust, truth, strength and beauty, which in turn makes up my outward spirit, enabling me to be the strong, brave, loving woman I am' (Pauline). 'Body modification (cutting and branding) can be viewed as a topographical map of a person's emotional and spiritual history. Your whole body can be used to prevent yourself from ever forgetting your mistakes and victories. Each time you look in a mirror, you give yourself the positive reinforcement you have designed for yourself' (Andrew).

So while many of us are anxious about body scars from cutting and branding and see them as expressing pain, there are alternative views – they can be seen as tribal belonging, a rite of passage, representing myth, or the body adornment of art, or memories of failure and success. It could be argued that while the context of the making of the marks is crucial to our understanding of them, perhaps we should be less anxious when confronted by clients who cut, and simply more curious.

When should we worry? Earrings, belly button rings and eyebrow art have achieved an acceptable status in young people in modern Australia. But are 10 earrings in one ear, or tongue studs, or multiple piercings of lips or noses or nipples, of more import than just the possibility of infection? Last year a young man was referred to me by his parents for a range of strange behaviours; they were concerned he might have early psychosis. He was morose, not sleeping at night, struggling at school (but doing well at part-time work), rejecting of parental rules to the point he had moved into the garage and decorated it 'his way', and admitted to frequent marijuana smoking 'to forget all his troubles' (which he claimed derived from his parents). He was particularly upset by their attitude to his eyebrow rings (four). When I suggested he was obviously into 'body art' he became animated saying: 'That's it! I just want to express my art through my body. Would you like to see my chains?' He lifted his t-shirt to demonstrate nipple rings joined by a (painfully?)

heavy chain, and then turned around to show me his quite extensive tattoos and cuttings. He wanted to leave school to work and earn more money to spend on his body. 'But how can I tell my parents? They want me to go to University...'

However, cutting is not always benign. A few cuts on the arms may fill us with horror, but may be the only way to express inner pain or old rejected memories. We can be told that the first pain, or the first flow of blood, somehow removes the psychological pain or 'lets the old problem out'. This is often associated with depressive affect, and our initial acceptance can lead to ultimate expression in what we would feel are more acceptable ways. But many cuts, or cuts elsewhere to the body like chest or abdomen, can suggest more complex problems. Special designs may have particular meaning – sometimes this can express affiliation or religious belief, but it can also derive from psychotic thought. And attacks on the genital region usually mean serious disturbance.

How can we understand what mechanism drives particular self-injury? Well, asking is the simplest way, but this can be uncomfortable. In our adolescent unit we have recently gained ethics approval to trial a US questionnaire with young people who cut themselves (Osuch et al., 2000). It resolves into 6 factors or subscales –

Affect Regulation

(eg 'To distract myself from emotional pain by experiencing physical pain' and 'To punish myself for feeling bad')

Desolation

(eg. 'To diminish a feeling of being utterly alone' and 'To keep bad memories away')

Punitive Duality

(eg. 'To please an important figure (God, the Devil etc) who wants me to do it' and 'To punish myself for telling secrets')

Influencing Others

(eg. 'To seek support and caring from others when I won't ask them directly' and 'To irritate or shock someone in my life')

Magical Control

(eg. 'To hurt someone important in my life' and 'To control the reactions and behaviour of others')

Self Stimulation

(eg. 'To diminish feelings of sexual arousal' and 'To experience a high like a drug high').

We believe this may go some way to exploring new understandings.

But what to do, and when should we worry about suicide? Some simple rules may help:

- If the self-injury needs medical attention then seek appropriate help. Ensure the young person is not treated badly, roughly or with disdain by medical or other staff. Explain, if you have to, that at this time this is the only way they can seek help.
- If a professional complains that the young person is 'attention seeking', then gently and respectfully explain that is exactly what they need - attention. It is just that, at this time, we have not been able to help them share their inner pain.
- If you are anxious about helping, managing the process, or doing the therapy, then trust your own feelings. Seek alternative care for the young person or alternatively, seek regular supervision to enable you to cope with confidence.
- Do not focus, at this time, on the self-injury more than you have to in ensuring safety. Focus on developing a supportive relationship and a clear plan for ongoing care.
- If you feel the young person is (for instance) depressed then try to get some simple measure of this.
- There is then an obligation to check if the young person has had suicidal thoughts, or whether the self-injury was part of a plan to die, and whether they have attempted before.
- If the outlook is bleak (and it may be felt to be so) then the young person may be not only self-harming, but also at serious risk of suicide. You may have to organise brief hospitalisation for further assessment and immediate protection from self.
- Space does not allow discussion of crisis management and therapy at this time, but the resources listed previously (page 8) of this issue of Auseinetter may offer some guidance. The American Academy of Child and Adolescent Psychiatry site has a range of useful brief guides to practice.

Report On The Third International Conference On Early Psychosis, 25th - 28th Sept 2002, Copenhagen, Denmark

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The Third International Conference On Early Psychosis was an interesting one from two points of view. Firstly, much of the material is still controversial. Secondly, for this observer, the material presented raised more questions than it answered. I would like to make a few general remarks about the conference and its themes; then I will discuss some of the plenary lectures and I will conclude with a few questions that were raised in my mind.

At a conference like this one, it is only natural that an enthusiastic spirit be to the forefront. It is perhaps only after the conference is concluded that one can be a little more reflective. In particular, some of the evidence presented for the apparent effectiveness of early intervention practices in the psychotic illnesses seems shaky. Some of the proposed new service arrangements are, on reflection, rather familiar.

For a child psychiatrist, what is interesting is the recent recognition by other professionals of the developmental nature of mental health problems. This has occurred because of the epidemiological research showing the early onset of many mental health problems and the extent to which their prognosis is dependent on early life events and the ways individuals have responded to these. In 1992 Judy Hardy and I raised the issue of whether early intervention could be the key to managing mental health problems. I was sufficiently excited by what I heard at this conference to believe that our view was a correct one.

There seems now no doubt that the focus on early intervention in mental health has added a new dimension to professions that are concerned with mental health. Thinking about early intervention has brought a new enthusiasm to aspects of mental health that had previously been languishing. Like all new 'movements', there is a danger of throwing out the baby with the bathwater. ***A certain amount of caution is required in considering the material presented at this conference, and a considerable degree of reflection on past practices and enthusiasms is useful.***

Conference Themes

Patrick McGorry of Australia, who is the President of the International Early Psychosis Association, remarked in his introduction that the early intervention movement would stand or fall on the basis of the evidence of its effectiveness. This was a wise comment given the three overriding assumptions widely canvassed at this conference. The first was that the prevalence of psychotic phenomena is much wider than has usually been assumed. It was claimed that up to 20 percent of the general adult population experience hearing voices or visions as hallucinatory phenomena and people with these pseudo-symptoms might warrant treatment interventions. The second assumption was that the psychoses are essentially endogenous problems. Treatments, both psychological and pharmacological, are therefore aimed at correcting brain abnormalities. The third assumption was that early intervention will make a positive difference to the outcome of the illness, and may even prevent schizophrenia. All of these assumptions are controversial.

Prevalence Of Psychotic Phenomena

P Bo Mortenson from Denmark presented a controversial paper, proposing that the WHO worldwide studies on schizophrenia had been widely misinterpreted. In general people have assumed from them that the prevalence of schizophrenia was identical worldwide, across cultures, that there were no gender differences in the nature of the illness and that non-genetic factors were unlikely causes. He considered that there was sound evidence at an epidemiological level to show that schizophrenia had different prevalence rates according to demographic differences such as urbanisation, season of birth and possibly diet. There were differences in the time onset and nature of the symptom patterns between males and females. He considered that no single major gene had yet been conclusively identified as a causative agent, no specific brain abnormality had been identified and no specific risk factors had been conclusively found to relate to schizophrenia. He called for more detailed epidemiological research, in particular the use of birth, life and illness registers (in this respect, Western Australia is particularly well placed to conduct this type of focused epidemiological work). Hollins of Nottingham, UK, provided some food for thought with the results of a retrospective study on adolescent onset schizophrenia. In the long-term about 30% of those with schizophrenia were in long state residential accommodation, 50% had no friends or social contacts and 50% had a continuous illness course. These results underpin the devastating and chronic nature of this illness. They emphasise the challenge for early interventionists to alter this trajectory. Evidence was provided elsewhere at the conference that the use of cannabis result in more negative outcomes. The question was raised, but not answered, as to the capacity of cannabis to be a causative agent for schizophrenia.

A Prodromal Period?

The question of the prodromal period (does it exist? how can it be recognised? does it warrant treatment interventions?) loomed large over this conference. Jim van Os from the Netherlands in the opening plenary session claimed that there was no jump into a psychotic state from a prepsychotic one and therefore that psychosis is not pathology (disease), but a variant of normality. He proposed that accumulating levels of symptoms in a continuous fashion determined the risk of psychosis. This model lead him to the conclusion that psychosis was less likely to be biological than psychosocial in nature and therefore more likely to be responsive to psychological interventions. He suggested that clinicians' views of psychosis were biased by the special samples they see in clinics and that episodic or quiet psychotic phenomena were accepted generally within the population. Considered this way, the question then becomes what happens in the transition from experiencing symptoms to becoming a patient?

McGlashin of Yale University and members of his team have developed a program called the Yale PRIME clinic. They have made considerable effort to develop questionnaires to measure the so-called prodrome. They believe they can detect a prodromal syndrome that appears to be composed of mild symptoms and mild deficits in functioning. They believe their questionnaires are valid indicators of high-risk symptomatic prodromal states. They have enrolled people into their clinic according to these questionnaires and have offered treatments to those who score positively. They consider that there is at least preliminary evidence to suggest that those who enrolled in the program got better faster than those who came to notice through the usual community detection. This is complex experimental work only touched on here.

Some Early Intervention Programs

Olav Johannassen from Norway described, on behalf of a consortium from Norway, Denmark and Yale University in USA, an early intervention psychosis project called TIPS. This project provides symptom and referral information to the general population, to schools and in the workplace. The project significantly reduces the period of untreated psychosis in the areas where it is put into practice. The usual multimedia educational approach familiar to those who work in the youth suicide prevention programs in Australia is used. They note that when their media campaign slows down so do their referrals. It is worth noting that the project bypasses general medical practitioners and instead seeks direct referrals to the EI treatment program. It is clear to me that this approach would not work in Australia where the GP is the linchpin of primary care and the professional to whom most parents and adolescents turn when they are in difficulties (see the results of the child and adolescent component of the National Survey of the Mental Health and Well Being of Australians).

In contrast, a project called REDIRECT is being developed in Birmingham that operates by targeting GP education. It proposes to increase the capacity of GPs to detect early psychosis and to facilitate referral patterns. For an Australian audience it must be noted that this system works within the National Health Service. The Australian medical system is of course a partnership between private and public and a different approach to both the TIPS and Birmingham EI projects would be needed. An important point was made that general practitioners often know their patients well, may be in close communication with their families and consequently may be in a better position than other professionals to decide on the need for intervention. This is a point worth considering in Australia with its special rural health service provision problems.

Questions Raised

Several thoughts occur to me in relation to conference discussions. Firstly, a very specific point. No one really talked about the cost of early intervention services. The impression was that services are well staffed and deal with a select group of patients. This may well be appropriate in the early stages of developing specialist early psychosis services. It is difficult however to compare the results of such services with those of traditional services that seem to be under-resourced and under considerable stress.

Secondly, the conference participants were, overwhelmingly, people working in the public or academic sector. There was little mention of the private health sector. Yet numerous studies have shown that the private sector in the United States, Canada and in Australia cater for a significant proportion of ill people with psychosis both in the first episode phases and in the long-term. This issue needs to be addressed.

Thirdly, it was extremely disappointing that throughout the conference I rarely heard any reference to families. It appears that the rich work of the 1970s and 1980s in these areas has been discarded. Even worse, in this day and age, very little was said about consumers.

Finally, a significant limitation to this conference was its concentration on young adults and the lack of attention given to childhood autistic disorders. It will be interesting to compare the way in which these issues are approached at the conference to be held on the subject of autistic disorders in Sweden in March 2003.

A Final Word

I do not want to end this report on a down note. It was an exciting conference. Australia has made a major contribution to the early intervention scene and participants acknowledged this. It was disappointing perhaps that the Australian Government's farsighted role in developing and funding early intervention programs was not more widely acknowledged. The Commonwealth Department of Health and the Australian Health Ministers Advisory Council should be pleased that largely through their efforts Australia is leading the world in this area. Australia has already hosted the first national conference on early intervention in child and adolescent mental health under the auspices of Auseinet, again supported by the Australian government. ***There is much exciting activity occurring around early intervention and much of it is happening in Australia.***

@ Auseinet

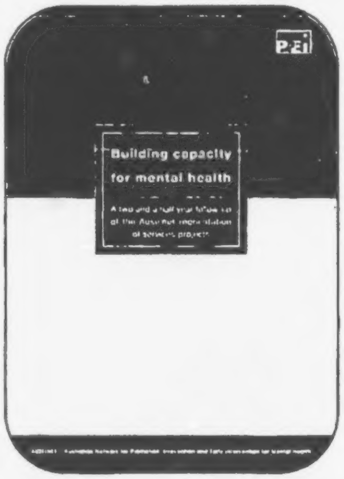
Building Capacity For Mental Health

A Two & a Half Year Follow-up Of The Auseinet Reorientation Of Services Projects

Anne O'Hanlon, Deepika Ratnaike & Jennie Parham • *Auseinet*

From 1998 to 1999, Auseinet supported eight agencies to reorient their services to an early intervention approach. This article summarises the results of a follow-up evaluation of the projects, which was undertaken two and a half years after the seed funding had ceased. We have used a capacity building framework to illustrate the extent to which the strategies developed in the reorientation projects have been sustained or expanded. Further, we have demonstrated that the projects have achieved many of the activities, process indicators and outcome indicators proposed in the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000 (Commonwealth Department of Health and Aged Care, 2000a). We have also compiled a list of predictors of sustainability and identified barriers to reorientation. A summary of the original reorientation projects is presented first to provide a context for the follow-up evaluation.

The full report of the follow-up evaluation will be distributed to health services throughout Australia as a resource. Others interested in the report can download it from the Auseinet web site at *www.auseinet.com*


Building capacity for mental health

The Reorientation Projects (July 1998 to May 1999)

Purpose

From mid July 1998 to the end of May 1999, Auseinet provided seed funding and intensive support to eight agencies that provided services to children and young people to reorient an aspect of their service to an early intervention approach to mental health. The aim was to give the agencies the opportunity to build their capacity by developing a range of tailored, potentially sustainable strategies.

Reorientation projects were conducted by:

- Barrington Support Service (Devonport, Tasmania);
- Lower Great Southern Primary Health Service & Albany District Education Office (Albany, Western Australia);
- Hunter Mental Health Services & Department of Community Services (Newcastle, New South Wales);
- Child and Family Services (Launceston, Tasmania);
- Children of Prisoners' Support Group (Sydney, New South Wales);
- Mildura Aboriginal Corporation (Mildura, Victoria);
- Karawara Community Project (Perth, Western Australia);
- Anglicare CQ (Rockhampton, Central Queensland).

Outcomes

The summary of outcomes described here follows the capacity building framework developed by the New South Wales Health Department (NSW Health Department, 1998, 2001).

All agencies made ***workforce development*** the foundation of their reorientation process. As most of the agencies were not primarily mental health focused, enhancing the mental health literacy of staff was a vital first step in reorientation. They informed staff about the mental health issues faced by the young people who used their service, gave them the skills to recognise risk factors and early warning signs, and established procedures for appropriate referral. The training programs were documented to guide future training needs and to provide resources for staff.

All of the projects showed evidence of ***organisational development***. Management support was demonstrated by the formation of steering committees, reference groups and umbrella groups. Policy development occurred within as well as between agencies. One project developed an early intervention policy outlining referral and support mechanisms and others developed recommendations for incorporating early intervention into new policies. Two projects developed formal interagency agreements and policies.

The development of ***partnerships*** was one of the most successful aspects of the reorientation projects. Most of the agencies established new networks or strengthened existing ones by including guest speakers and staff from other agencies in their training programs. Several of the projects developed successful formal partnerships. Two of the larger projects were collaborations between influential agencies and had the resources to allow the projects to expand beyond their original scope.

All of the agencies ***allocated resources*** to the projects and several of the larger agencies contributed additional funds to employ the reorientation officer full-time. After Auseinet funding had ceased, most of the agencies had allocated funds to sustain or expand the reorientation process or to take it in a new direction.

Barriers

Most of the reorientation officers thought that the resources allocated to the project were insufficient and that they had insufficient time in which to achieve the objectives of the project. Several of the reorientation officers in the non-government agencies especially found their workload demanding because they were employed on a half-time basis. Some of the staff were initially reluctant to be involved in the reorientation projects because of their already heavy workloads. Generally, as staff became involved in the training they became more enthusiastic about the project and prioritised their time to enable greater involvement.

Follow-up Evaluation (November 2001)

Purpose

The follow-up evaluation was conducted two and a half years after the seed funding from Auseinet had ceased. The purpose was to:

- determine the extent to which the strategies that were developed in the reorientation projects had been sustained or expanded;
- identify opportunities for and barriers to reorienting services to an early intervention approach; and
- identify factors which may be useful in predicting sustainable change within an organisation.

Outcomes

Most agencies had sustained or expanded their early intervention activities two and a half years after the reorientation project. The extent of reorientation ranged from conceptual shifts in staff knowledge and increased awareness and identification of mental health problems, through to extensive implementation of mental health promotion, prevention and early intervention programs and the development of partnerships with other agencies and the community.

In five of the eight agencies (Barrington Support Service, Lower Great Southern Primary Health Service, Mildura Aboriginal Corporation, Karawara Community Project and Anglicare CQ), further early intervention projects were conducted, the agencies were better able to detect mental health problems and target referrals, there was an increase in mental health awareness and literacy within the organisation and in the community, and increased support from the community.

One agency (Hunter Mental Health Service) noted that while the strategies developed in the reorientation project had not been sustained, the project had led to different ways of implementing early intervention activities and subsequent success with other projects. The remaining two projects (Children of Prisoner's Support Group and Child and Family Services) noted a marked change in early intervention ways of thinking and referrals although they did not have the resources to continue concrete projects.

Several of the agencies reported that the reorientation project had given them the confidence to undertake other projects or apply for further funding. Most of the agencies considered that the reorientation projects served as a useful platform from which to either begin or expand early intervention activities.

Towards the National Action Plan for Promotion, Prevention and Early intervention for Mental Health 2000

Taken together, the eight reorientation projects focus on five of the fifteen priority groups outlined in the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000 (Commonwealth Department of Health and Aged Care, 2000a). Most of the projects address 'children 5-11 years' and 'young people 12-17 years' and all but two of them also address at least one other priority population.

The two school-based projects (Barrington Support Service and the Lower Great Southern Primary Health Service and Albany District Office collaboration) achieved many of the key national activities for school-aged children and young people and also made significant progress towards achieving the process and outcome indicators proposed in the National Action Plan 2000. Similarly, Mildura Aboriginal Corporation and Anglicare CQ achieved many of the activities and progress indicators proposed for their respective priority populations (i.e. 'Aboriginal peoples and Torres Strait Islanders' and 'Rural and remote communities'. All of these projects were also considered to have been successfully sustained, as judged against capacity building criteria (see above).

The remaining four projects, which addressed issues faced by 'individuals, families and communities experiencing adverse life events', did not achieve the activities proposed for this priority population in the Nation Action Plan 2000. It is worth noting that the three projects that had difficulty sustaining their reorientation activities (i.e. Hunter Mental Health Service and Department of Community Services, Child and Family Services, and Children of Prisoners' Support Group) all fall within this category. It should be noted, however, that these projects did achieve some of the activities proposed for 'children aged 5-11' and 'young people aged 5-17'.

Overall, the projects achieved many of the activities, process indicators and outcome indicators outlined in the National Action Plan 2000. There was a close match between the success of a project as judged against criteria from the capacity building literature and the extent to which it had moved towards the goals set out in the National Action Plan 2000.

Predictors Of Sustainability

A list of predictors of sustainability has been developed from the literature on capacity building and follows the capacity building framework outlined by NSW Health Department (1998, 2001). Most of the predictors are relevant to all of the agencies, but the particular strategies they used were applied in unique ways and according to the needs of the agency, their clients and the community. The predictors are presented as a useful guide for others wishing to reorient their services, but are not intended to be prescriptive.

Predictors Of Sustainability

Workforce Development

- Up-skilling of workforce (Gray & Casey, 1995; Hawe et al., 1997)
- Staff commitment to an early intervention approach (Gray & Casey, 1995)
- Reframing current practice to an early intervention approach
- Tailoring early intervention activities to the local context (NSW Health, 2001)

Organisational Development

- Management support for early intervention activities (Gray & Casey, 1995; NSW Health, 2001)
- Reference group to guide activities (Gray & Casey, 1995)
- An organisational culture that supports an early intervention approach (Hawe et al., 1997)
- Fit of early intervention activities with the policy structure of agency (NSW Health, 2001)
- Absorption of early intervention into the agency's everyday practices (Hawe et al., 1997)
- Agency's ability to problem solve (Hawe et al., 1997)

Resource Allocation

- Dedicated driver of early intervention activities (NSW Health, 2001)
- Funding to support activities (NSW Health, 2001)
- Access to information and specialist advice (NSW Health, 2001)

Partnerships

- Informal links with other agencies (Hawe et al., 1998)
- Formal interagency partnerships (NSW Health, 2001)
- Interest in activities from other agencies (Hawe et al., 1997)
- Community interest and support for early intervention activities

Barriers

Many of the barriers identified in the original reorientation projects are still evident. High staff turnover rates are a reality in many agencies; therefore time and resources need to be devoted to training new staff in early intervention. The heavy workloads of staff remained an issue, although some of the agencies developed strategies to reframe rather than add to existing workloads.

Most of the agencies felt that the sustainability of the projects was largely dependent on funding. Seed funding was perceived as being useful for platform activities, but all identified the marked need for more funding to sustain and expand early intervention activities. Many of the agencies reported that their involvement in the Auseinet project had helped them to secure funding from other sources.

New barriers were identified at follow-up, when many of the agencies were applying early intervention approaches directly with clients. They often found it difficult to refer clients with early signs of mental health problems to mental health services because the latter typically function from a crisis intervention model. In addition, mental health services already have high demands on their services and are often not able to take on new referrals.

Conclusion

Most of the agencies showed positive outcomes from the reorientation of services project. It was clear that sustainability was tied heavily, but not exclusively, to funding. Reorientation of services was most often achieved where there was also commitment from staff and management to an early intervention approach and where partnerships had been developed with other agencies and the broader community. Most agencies supported the need for interagency collaboration on cases to better meet the needs of the young people who access their services. All agencies expressed concern about the load on mental health services, which often translated into barriers with referrals.

Replication of the reorientation process, with modifications to suit individual needs, is recommended for other agencies with an interest in reorienting their service toward an early intervention approach to mental health. The reorientation projects have demonstrated that although the eight agencies differed in their geographical location, client base and service delivery models, many of the opportunities and barriers they experienced were common. It is encouraging to note that these agencies did not contain a specialist mental health workforce yet most of them successfully raised their awareness of and reoriented their practices to an early intervention approach.

References

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The Australian e-Journal For The Advancement Of Mental Health (AeJAMH)

A peer reviewed electronic journal which aims to **nurture and encourage understanding of mental health promotion, prevention and early intervention within a multidisciplinary forum.**

Table of Contents:

Volume 1, Issue 3

The latest issue comprises the following papers:

Editorial

Rethinking gender, risk and depression in Australian mental health policy.

Normalising workplace change through contemporary career discourse.

Mental health: overemployment, underemployment, unemployment and healthy jobs.

Youth employment, psychosocial health and the importance of person/environment fit: a case study of two Scottish rural towns.

Mental health promotion and work: Rumbalara community's roundtable discussion 2002.

Carers of mentally ill people in Queensland: Their perceived relationships with professional mental health service providers: Report on a survey.

The Strengths and Difficulties Questionnaire (SDQ) as a screening measure prior to admission to a Child and Adolescent Mental Health Service (CAMHS).

Call for Contributions

Information for intending contributors is on the Auseinet web site at:
[illegible]

For all initial correspondence and further information please direct your enquiry to:
auseinet@flinders.edu.au

Web Site Resources Revamp

The Auseinet online resources have recently been undergoing an overhaul. The intention is to present resources in different formats in order to suit varying levels of information needs. The 'Resources' button on the main menu now leads to a choice of: factsheets, reading lists or the resources database.

Factsheets

These are intended as a first stop for summary style information. They are divided into different age ranges, population groups or specific issues, such as:

- Young people
- Indigenous Australians
- Women
- Consumers and carers
- Bullying
- Older people
- Men
- General mental health
- Specific conditions
- Families/parenting
- Transcultural
- Suicide prevention
- Substance use

All are easily downloadable and are mostly only 1 to 3 pages long.

Reading Lists

These are bibliographic details for suggested readings on a range of topical subjects such as:

- Transcultural/refugees
- Gay and lesbian issues
- Youth suicide
- Indigenous Australians
- Substance use
- Housing/homelessness
- Older adults
- Work/non work
- Community capacity building

The reading lists are mainly drawn from recent journal articles and would be suitable for anyone interested in a more academic or in-depth style of information. Some readings are available online and URL links are provided for these.

Resources Database

The database is constantly being updated with full details of relevant publications, kits, conference proceedings, online documents and audio-visual resources, from a wide range of sources.

Here's a sample of recent additions:

Australia's Children: Their Health and Wellbeing 2002.
Al-Yaman, Fadwa, Canberra, ACT: Australian Institute of Health and Welfare, 2002.

Young Carers: Assessment and Services Literature review of identification, needs assessment and service provision for young carers and their families.
Edinburgh, Scottish Executive Central Research Unit, 2002.

Background for Community-Level Work on Emotional Wellbeing in Adolescence: Reviewing the Literature on Contributing Factors.
Washington, DC Child Trends, 2002.

Evaluating Community Arts and Community WellBeing: An Evaluation Guide for Community Arts Practitioners.
Vic. Effective Change Pty Ltd, 2002.

Culture, Race and Community: Making it Work in the New Millennium.
Melbourne, Victorian Transcultural Psychiatry Unit, 2002.

Mental Health Promotion in Schools: An Overview.
Newcastle, NSW, Hunter Institute of Mental Health, 2002.

Taken Seriously: The Somerset Spirituality Project.
London, Mental Health Foundation UK, 2002.

Depression • Spot • Seek • Solve.
Tamworth, NSW: New England Area Health Service, 2002, 1 CD-ROM.

A meta-evaluation of methods and approaches to reducing bullying in preschools and early primary schools in Australia.
Rigby, K. National Crime Prevention Program, 2002.

Go to the database (**www.auseinet.com/resourcedb/**) for full details including distributor contacts and online links.

And, of course, I am always pleased to hear from anyone who has information to share about relevant resources.

My Contact Details:
Joy Sims
Information Officer

Tel: (08) 8404 2999
Fax: (08) 8357 5484
Email: joy.sims@flinders.edu.au

Auseinet Web Site

Promote State and Territory PPEI Events and Activities

The Auseinet web site has an area for information from the states and territories that, up until now, has been a fairly small listing of events and agencies from around the country.

We have recently updated this area and would like to encourage its use as a promotional tool, to showcase activities in the area of mental health promotion, prevention, early intervention and suicide prevention.

So if you would like to share information about projects, programs, events and/or organisations you are involved in – submit your details via the online form at:

States and Territories: What are you doing?
www.auseinet.com/stateinfo/

(This is a moderated list, so it may take a few days before entries appear on the web site).

Any further queries please contact:

Joy Sims
Information Officer,
Auseinet
Tel: (08) 8404 2999
Email: joy.sims@flinders.edu.au

Auseinet Mailing List

If you wish to:

- be added to the Auseinet mailing list or
- to amend your contact details

Please complete the following and return by:

Fax: (08) 8357 5484 or
Mail: Auseinet, C/– Southern CAMHS,
Flinders Medical Centre,
BEDFORD PARK SA 5042

Title: ____ **Name:** ________________
Position (if relevant): ________________
Organisation (if relevant): ________________
Address: ________________
City/Suburb ________ **State:** ___ **Postcode:** ___
Tel: ( ) ________ **Fax:** ( ) ________
Email: ________________

Auseinet Web Site: www.auseinet.com

Is your organisation?

☐ Government ☐ Non-government ☐ Private ☐ Other ________________

Do you, or does your organisation, represent any of the following?

☐ Consumers ☐ Carers ☐ Indigenous ☐ Rural & Remote ☐ Multi/transcultural

Which Sector BEST (choose one) describes you and/or your organisation?

Mental Health: ☐ Child & Adolescent ☐ Adult ☐ Other ________________
Health: ☐ General Practice ☐ Community or Public Health ☐ Other ________________
Education: ☐ School ☐ Tertiary institution ☐ Other ________________
Welfare: ☐ Child, Youth or Family Services ☐ Drug & Alcohol ☐ Other ________________
Corrections: ☐ Juvenile ☐ Adult ☐ Other ________________
Other Sector (please specify): ________________

Auseinet Consumer and Carer Consultative Committee - Chris Alliston, Project Officer

The past months have seen some changes in the Auseinet Consumer and Carer Consultative Committee (CCCC). Justin Habner from Tasmania and Michael Chin from Queensland have both resigned from their positions on the Committee due to other commitments. Thank you to Justin and Michael for their contribution to the work of the CCCC as founding members. Auseinet appreciates the time they have given and we wish them well in their future endeavours.

Auseinet welcomes the following people to the Committee – Gill Palmer from Queensland, Lynette Pearce from Tasmania and Mark McMahon from New South Wales. These people have varied experience in the consumer and/or carer field and extensive networks. I was fortunate to meet all three at the recent Auseinet Forum in Adelaide and at the Auseinet consumer and carer networking dinner on the Monday night. We introduce these new members to you with short profiles (including contact details). The next face to face meeting of the Consumer and Carer Consultative Committee is planned for January 2003.

Gill Palmer – Queensland

Gill resides in far north Queensland and is the current chair of the Queensland Consumer Advisory Group (CAG). Gill has been actively involved in mental health activities for 7 years. As a founding member of 'Mental Health Help-Far North Queensland' (a community steering committee which now receives Queensland Health non government organisation funding), she has been instrumental in helping to establish a Mental Health Resource Centre in Cairns with one paid staff member. Gill is also a member of the Cairns CAG.

Gill is involved with many other activities including coordination of mental health forums run by local Rotary groups, contributing a regular monthly column to a local newspaper, participation in projects with the local education department, development of CD ROM resources for GPs with the Royal Flying Doctor Service and community awareness campaigns during Mental Health Week. Other involvement has been with the State Working Party on New Forensic Policy and as a State Council member of the Queensland Alliance. Gill has had experience as a presenter and has an extensive network of contacts. Her understanding of the needs of consumers and carers living in remote locations will be a unique contribution to the work of the Committee.

Gill Palmer can be contacted at:
Tel: (07) 4095 0182

MS 1567 Lot Bow Park
Upper Barron via Atherton
Far North Queensland 4883

Lynette Pearce – Tasmania

Lynette is the current chair of the Tasmanian Consumer Advisory Group and a carer representative. Lynette's additional commitments include:

- Coordinator and Trainer for the Curriculum Development Education Packages (communication, resource and advocacy training for carers and consumers of mental health services)
- The Mental Health Rehabilitation Plan Steering Group – Tasmania
- Mental Health Services Executive (North/North West)
- Area Advisory Committee – Police and Dept of Health and Human Services (Northern and North West Committees)

Lynette's experience in the mental health field includes caring for a friend with serious mental health problems, a nursing background caring for people with a mental illness and her own treatment for depression following a work related injury. Being an island state with a small population, Tasmania has unique challenges. Information about the impact of these issues on consumers and carers will be of value to the work of the Auseinet Consumer and Carer Consultative Committee. We look forward to Lynette's contribution.

Lynette Pearce can be contacted at:
Tel: 0417 372 766 (mobile)
Email: lynettepearce@bigpond.com

PO Box 482
Wynyard, Tasmania 7325

Mark McMahon – New South Wales

Mark is a member of the New South Wales CAG and has recently become the Treasurer. Mark's additional commitments include:

- Member of the Northern Beaches Mental Health Consumer Network, Northern Sydney Mental Health Consumer Steering Committee
- Member of the Northern Sydney Area Mental Health Rehabilitation Planning & Advisory Committee (2 years)
- Chair of the Australia & New Zealand Coalition of Clubhouses (18 months)

Mark has also travelled extensively in the USA & Canada (1999-2001) in relation to mental health rehabilitation matters. He has assisted in the establishment of Ostara, the national psychiatric disability employment consortium and provides press statements and interviews on mental illness, stigma and employment issues.

Mark is an experienced public speaker and designer/facilitator of presentations and training modules. In October 2001 he addressed an audience of 800 at the 11th International Clubhouse Conference in Chattanooga, USA. Mark's special concern is rehabilitation/recovery for mental health in the context of promotion, prevention and early intervention.

Mark McMahon can be contacted at:
Tel: 0414 995 592 (mobile), (02) 9907 9999 (Pioneer Clubhouse)
Fax: (02) 9948 3980 (Pioneer Clubhouse)

TELL US WHAT YOU'RE DOING

Reporting Suicide and Mental Illness - The Media Dissemination Project: www.mindframe-media.info

Recent research has demonstrated that, in general, the Australian media report suicide and mental illness responsibly. However, there is still progress to be made. For example, some media continue to present suicide as a viable choice, and describe the method of suicide in detail, despite a growing body of evidence that suggests detailed reporting may prompt vulnerable people to act. Some media reporting also continues to stigmatise mental illness, for example by using negative or outdated language.

The ***Media Monitoring Project*** collected over 17,000 media items, from television, radio and print, over a 12 month period. Ten percent of items collected were randomly selected and rated against the recommendations continued in the media resource ***Achieving the Balance*** (released 1999). The general findings of this study were that, for mental illness, the majority of reports:

- had accurate headlines and used medical terminology appropriately (95.8%)
- did not use inappropriate terms to describe mental illness (80%)
- did not reinforce stereotypes about mental illness (86%)
- were not unnecessarily dramatic or sensationalised (71%)
- did not identify the person with mental illness by name (71.5%)
- did not include information on help services (93%)

The findings for suicide were:

- 13.5% included a photograph, diagram or footage related to suicide
- approx 17% were located on front page or as the lead story
- approx 30% of items used 'suicide' in the headline or lead
- in 50% of cases the method of self-harm was described in detail
- 50% of items did **not** make a link between suicide and mental disorder
- only 6.5% included contact details for support services
- approx 42% used language which implied suicide was a desirable outcome ('failed suicide attempt', 'successful suicide') or sensationalist terminology ('suicide epidemic')

facts & statistics
issues to consider when reporting
suicide and mental illness
mental illness

During 2001 a comprehensive review of ***Achieving the Balance*** was undertaken, to ascertain its acceptance, take up and usage by the Australian Media. Approximately 300 media professionals were consulted. The review found that there was very wide support for the concept of the resource among media professionals. A number of people indicated that guidance on such important issues is needed by the media, despite the existence of industry and organisation-related codes of practice and policies. The resource was seen by many as having the potential to provide more detailed and practical guidance to the issues than the codes.

Based on the findings of this review, the media resource was revamped into a more practical package for the media. The new resource, called ***Reporting suicide and mental illness*** provides practical advice and information to support the work of media professionals. The resource includes current contacts, research sources, facts and statistics, and suggestions about issues to consider when reporting suicide and mental illness.

The aim of the ***Media Dissemination Project*** is to effectively disseminate and promote the new media resource to targeted media professionals across Australia to increase the up-take of the resource. The project is being undertaken by a partnership of organisations including the Hunter Institute of Mental Health, Auseinet, SANE Australia and the University of Queensland. The project is guided by the National Media and Mental Health Group, which includes representatives from the Australian Press Council, the Federation of Australian Commercial Television Stations, Commercial Radio Australia, the Australian

Broadcasting Authority, the National Indigenous Media Association, and the peak mental health and consumer groups.

The Media Dissemination Project involves a range of activities designed to promote the resource, including the development of a companion web site **www.mindframe-media.info**
Both the print resource and the web site were officially launched at Parliament House in Canberra, 22 August 2002. Following the launch copies of the resource have been sent to approximately 1,300 media professionals throughout the country. Further promotion has been undertaken through the placement of advertisements in publications that are frequently read by media professionals, and through the distribution of promotional postcards and posters promoting the web site.

During the next stage of the project the project team will seek to identify and act on opportunities to promote the resources within media organisations and at media events. Where possible, this will involve incorporating the material into professional development and staff training programs. The presentations will be conducted informally and will be an opportunity for media professionals to share their experiences of reporting on these issues, while at the same time learning about what is accepted as best practice. SANE Australia will arrange for consumers to participate in the presentations, to raise awareness of the personal impact that negative and inaccurate reporting can have. Similarly, Indigenous presenters will be invited to discuss how reporting of suicide and mental health issues can impact on their communities. Professionally recorded videos are also being produced for use in the presentations.

The project team is seeking to work through the national networks of organisations including News Limited, Fairfax, ABC, SBS and the commercial television and radio stations. Several 'pilot' presentations are planned for October and November 2002, and a plan for continued rollout will be finalised in December.

Initial contact with media organisations has demonstrated interest in both the resource and the staff presentations. From discussions with media professionals, there is general agreement for the recommendations, or 'issues to consider' contained in the resource. The greater challenge is in gaining commitment to implement these recommendations, particularly when journalists are reporting on a contentious story in a time-pressured environment. It is acknowledged that to effect real change the issues must be supported and reinforced by the senior staff and management within each organisation. Endorsement from members of the National Media and Mental Health Group has been significant in 'opening the doors' to the media, and their on-going support will be crucial in securing up-take and acceptance of the resource.

The project team will work in collaboration with state and territory departments to deliver the presentations to media professionals. The project team has also had several enquires from area health services who are planning their own strategies for working with the media. Services which are currently undertaking or planning work relating to the reporting of suicide and mental illness are encouraged to contact the project team to discuss ways in which the project can support work in their local area.

Further information is available from:
Lisa Reardon, Project Officer
Hunter Institute of Mental Health
Tel: (02) 4924 6728
Email: Lisa.Reardon@hunter.health.nsw.gov.au

CommunityLIFE Project

www.community-life.org.au

My name is Debra Clements and I am the National Coordinator for the CommunityLIFE Project. I would like to take this opportunity to provide you with some details about this project.

Background

The CommunityLIFE Project aims to build community capacity for suicide prevention and is based on the LIFE Framework, the national framework for suicide prevention in Australia.[1] The project has a mainstream and an Indigenous component.

The project is funded by the Commonwealth Department of Health and Ageing who has contracted with the Centre for Developmental Health, Curtin University of Technology, for overall responsibility of the project. The project is managed by a consortium. Current members are the Centre for Developmental Health (CDH) in Perth, Auseinet based in Adelaide, and Suicide Prevention Australia (SPA) in Sydney. The National Aboriginal Community Controlled Health Organisation (NACCHO) is also joining the project with a lead role in overseeing the implementation of the Indigenous Component. Importantly, Indigenous elements will be woven through all aspects of the mainstream component of CommunityLIFE.

A comprehensive framework for suicide prevention activities in Australia is provided in the ***LIFE Framework*** document. The framework seeks to:

- Promote a collaborative approach, involving government and non-government services, community groups, and individuals
- Reduce the incidence of suicide and enhance resilience and resourcefulness
- Increase support available to individuals, families and communities affected by suicide or suicidal behaviours
- Provide a whole of community approach to suicide prevention and to extend and enhance public understanding of suicide and its causes.

Objectives Of The CommunityLIFE Project

Specific project objectives include:

- Help meet the need in the community for suicide prevention programs consistent with the principles of the National Suicide Prevention Strategy ***LIFE Framework***.
- Build partnerships with key groups within the community which can influence the diffusion of suicide prevention activities that are grounded in good practice.
- Enhance community participation, capacity building and skills in planning, implementing and evaluating safe, effective and sustainable community suicide prevention programs.
- Support knowledge development to inform the Commonwealth and the nation, concerning effective community suicide prevention strategies.

Strategies

The CommunityLIFE project will employ the following strategies:

- Identify principles and models of good practice that can be used in community based suicide prevention programs
- Develop and disseminate suicide prevention resources and information
- Provide practical assistance to support community program development
- Build partnerships to stimulate the exchange of information and ideas, and build sustainability, and
- Cater for Indigenous Australians through proper partnership development and consultation with major Indigenous stakeholders.

Indigenous Component

The Indigenous specific component seeks to support the implementation of life promotion (suicide prevention) in Indigenous communities, that are complimentary with the mainstream elements of CommunityLIFE and linked to other major Commonwealth funded initiatives for Indigenous Australians.

Community driven approaches to suicide prevention are particularly important for Indigenous Australians, who take a holistic view of health and understand mental health and suicide prevention issues within the concept of emotional and social well-being. CommunityLIFE will aim to make information about life promotion available and accessible to communities and develop mechanisms for providing support and practical assistance to Aboriginal and Torres Strait Islander communities.

Communications Strategy

The CommunityLIFE Project will have a 'public face' from about December 2002/January 2003, with the setting up of a web site: www.community-life.org.au

The initial development of the web site will involve consultations with community groups to identify the most suitable content and format. In addition, the project will seek information from community groups about what kinds of suicide prevention activities they have undertaken, recommended local resources and/or feedback on what support and resources would be useful when planning and implementing future suicide prevention activities.

In the second stage of development of the web site, resource information that has been collected will be made available on the web site and links provided to other web-based databases as appropriate.

The third stage will include access to resources developed by CommunityLIFE.

Literature Review and Best Practice Models

A major initial task for the project will be a comprehensive literature review and audit of informal materials in order to guide the development of best practice guidelines, materials and models of practice for community suicide prevention programs and community development approaches relevant to suicide prevention.

The Project will undertake a review of the literature on community based suicide prevention programs and community development approaches relevant to suicide prevention. Good practice suicide prevention resources will then be drafted based on the outcome of the review and these draft resources will then be trialed. Indigenous elements will be woven through all materials developed in the mainstream component of CommunityLIFE.

National Program Development Advisory Service

In 2003-04 CommunityLIFE will complete a pilot and establish a national program development advisory service for responding to requests for information and support for community based suicide prevention interventions. The advisory service will provide a central point of contact for all community members and a number of levels of assistance including assessing and responding to requests for information and/or assistance on community needs analysis, program development, evaluation, and funding sources from individuals and/or organisations. As well as having access to the project database (of resources and networks) the advisory service will be supported by the combined expertise of the Consortium members.

Where Are We Up To?

Funding for the project commenced in the 2002/2003 financial year. During this first year the project will focus on establishment by employing relevant staff, knowledge development and the establishment of networks and links with the appropriate Indigenous and non-Indigenous stakeholders.

CommunityLIFE Project Mailing List

An initial promotional brochure has been developed to raise awareness of the project. The brochure seeks details from interested people to join a CommunityLIFE mailing list. A database for these details is being established. Details provided for the mailing list will be treated in line with the ***Guidelines on Privacy in the Private Health Sector 2001***.

For a copy of the brochure or for further information please email
communitylife@ichr.uwa.edu.au

References

1. LIFE Living is For Everyone. A Framework for prevention of suicide and self-harm in Australia. 2000. Commonwealth Department of Health and Aged Care: Canberra

The FRIENDS Program:

Prevention and Early Intervention for Child and Youth Anxiety

Cynthia Turner & Stephen May

In the last decade, prevention of mental health problems has become a priority for our Government, both in terms of funding research initiatives, and in practice. As a result, the knowledge base relating to prevention has increased considerably over the past 10 years. However, we are still lacking effective prevention programs, and a supporting literature base in many areas. Nowhere is this more apparent than in the area of childhood anxiety.

The rationale for practising prevention of childhood anxiety is strong. Anxiety disorders in children represent one of the most common and distressing forms of mental illness. One in every five children is at risk of developing a serious anxiety problem. Although progress has been made in the developing effective treatments for anxious children, we know that the majority of children with anxiety disorders do not ever come into contact with a mental health professional (Zubrick et al., 1997). For those who do seek professional help, treatment is ineffective for between 12 and 40% of children (e.g., Kendall, 1994). Therefore, treating children who are already experiencing anxiety problems may not be the most effective way of reducing the incidence or prevalence of anxiety in the general population.

The potential of prevention and early intervention programs for childhood anxiety therefore deserves to be investigated.

One of the most promising programs for the prevention of child and youth anxiety is the FRIENDS Program. The FRIENDS program (previously called ***Coping Koala***) was developed by Dr Paula Barrett from Griffith University as part of her PhD in 1994. The re-naming of the program has resulted from revisions undertaken since that time.

The FRIENDS Program is a 10-session intervention designed to meet the different developmental needs of children (FRIENDS for Children 7-11 years) and youth (FRIENDS for Youth 12-16 years). The program is usually implemented in weekly sessions of 60-70 minutes duration, with one or two facilitators depending upon group size. The program is very cost efficient, involving a professionally published and reasonably priced Group Leaders Manual and Participant Workbooks for each student/participant. After attending an accredited training workshop, the program can be implemented by school personnel (eg., by teachers, school counsellors or nurses, youth workers, etc.) within the classroom as a universal prevention program. Alternatively it can be offered as a selected or indicated prevention program by more specialised staff (eg., school counsellor or school psychologist, mental health worker), or as an early intervention and treatment program by specialist mental health teams (clinical nurses, social workers, psychologists, etc).

The FRIENDS programs have a very positive-focus, with the content designed to enhance and develop skills and competencies in children and youth. The program integrates key elements from a cognitive-behavioural perspective and combines those with useful strategies from both family therapy and interpersonal approaches. The CBT components include recognising the link between thoughts and feelings, identifying feelings, relaxation strategies, cognitive restructuring, attention training, problem solving, self-reward and relapse prevention. The family and interpersonal components include the establishment and utilisation of a social support network, conflict management and helping others. The program also incorporates 4 parent sessions, which can be implemented as a series of brief (2.5 hour) workshops or as a companion program to the child/youth program (10 x 1 hour sessions). The content and process of each session, and all required materials are provided in the Group Leader manual. The skills focus on helping children and youth to cope with difficult situations, whether they be daily hassles (eg., difficult homework assignments) or aversive and stressful life events (eg., transition to a new school, family conflict, fears and worries).

The programs are developed around the word FRIENDS, which helps children to remember the skills they are taught. Each letter of the word stands for a different skill, and each skill builds upon the ones previously learned.

F ***Feelings***
R :: ***Remember to Relax***
I :: ***I can do it! I can try my best!***
E :: ***Explore plans***
N :: ***Neat effort***
D :: ***Don't forget to practise***
S :: ***Stay cool!***

How Effective is the FRIENDS Program?

Evaluation of the effectiveness of the FRIENDS program has been a priority for Dr Barrett and her colleagues. There is now an 8 year history of evidence behind the program, which supports its use as a treatment program, as an early intervention or indicated prevention program, and as a selective or universal prevention program. The evidence shows that up to 80% of children displaying signs of an anxiety problem no longer show that behaviour for up to 6 years after completing the FRIENDS Program. There is also significant evidence to suggest that the FRIENDS Program is effective in preventing child and adolescent depression. This is perhaps not surprising given the research that shows that anxiety is one of the biggest risk factors for the later development of depression. Details of the research behind the FRIENDS program can be viewed on the web site: **www.friendsinfo.net**

The research conducted by Dr Barrett and her colleagues has also been replicated by independent research groups, both in Australia and overseas. This evidence base is one of the best reasons for all those interested in prevention and early intervention to give the FRIENDS Program a trial in their setting.

Currently over 250 schools in Australia now use the program on a yearly basis as a universal prevention program, and more than 200 hospitals and area health services use FRIENDS as an intervention for clinically anxious children. Approximately 2,500 teachers and health professionals have completed the certified one-day training course. The program is popular overseas as well. English speaking countries, such as the UK, New Zealand, and Canada are using the program. There have also been translations of the program into Dutch, German and Portuguese. A recent FRIENDS Program trial in the USA focussed on young African-American children who were exposed to high levels of inner-city violence in Baltimore.

According to Dr Barrett, schools are the best place to learn not just the three R's, but also coping strategies to deal with feelings of worry, anxiety and depression.

"Since anxiety problems are now the most common mental health problem facing children today, the prevention of the development of anxiety through early intervention during the school years can stop a great deal of suffering for individuals and their families."

"You need to have a program that is effective but also easy to use in a classroom and is supported by teachers. Feedback from schools which run FRIENDS is very positive indeed. The students like it, teachers find it helps them foster a better relationship with children in their care, and parents are telling us that they wish they had such a program when they were at school."

Dr Barrett believes it is also important that a school-based or clinic-based program is sustainable.

"What makes FRIENDS truly sustainable is that once schools take the program on board, it becomes a standard part of the normal school curriculum. Each year, parents purchase a student workbook for FRIENDS just as they do for Maths or English subjects. Teachers are able to run the program in normal class times and incorporate the content into standard curriculum guidelines."

Conclusion

Given the high rates of anxiety and depression problems in Australia, and the associated distress for children, young people, and their families, there is good reason to focus on prevention and early intervention. The FRIENDS Program is an Australian program, proven to be effective in helping children and young people to develop psychological and emotional resilience, and to overcome or prevent anxiety and depression problems.

Further information: *www.friendsinfo.net*

Inquires about the purchase of program resources Tel: (07) 3257 1176.

CYNTHIA TURNER MCP, MAPS is a co-author of the FRIENDS Program and a clinical psychologist working with Dr Paula Barrett at Griffith University.

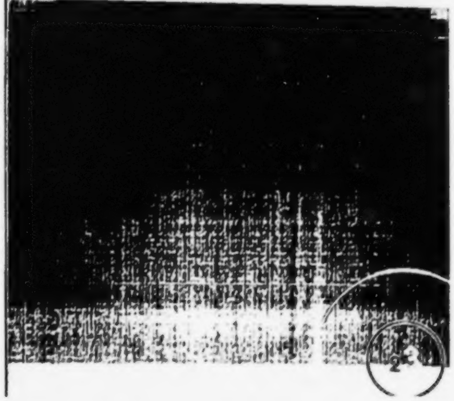
STEPHEN MAY BSc (Hons) is a registered psychologist and managing director of the independent Queensland-based behavioural science publishing house, Australian Academic Press.

The National Resource Centre For Consumer Participation In Health

The National Resource Centre for Consumer Participation in Health provides information about methods and models for community and consumer engagement, contributes to research and enhances the capacity of organisations and groups to integrate consumer participation into health care.

NRCCPH are excited to announce their new web site:
www.participateinhealth.org.au
The web site contains a host of up-to-date information about consumer participation in health. It is a valuable resource for consumers, consumer groups, health service providers and policy makers. The site includes about 55 resources which can be directly downloaded and an online catalogue of all the resources held by the Centre. Subscription to the Centre's electronic newsletter is easily obtained via the web site.

The Centre also provides a free call inquiry line 1800 625 619 and the Centre's staff can send you resources by mail, free of charge.



Depression • Spot • Seek • Solve
CD-ROM Package Now Available

The Depression • Spot • Seek • Solve CD-ROM Package provides the information and tools to guide the planning, implementation and evaluation of the Depression • Spot • Seek • Solve Project. Depression • Spot • Seek • Solve uses a community development approach to address the issue of depression in small non-metropolitan communities.

Depression • Spot • Seek • Solve aims to build a sustainable infrastructure that promotes mental health literacy and enhances resilience to depression in all members of the community. It also aims to encourage positive, prompt and appropriate help seeking for people experiencing depression or depressive symptoms.

Seek • Solve • Depression • Spot

New England Area
Health Service

Project Objectives:

1. Raise awareness of depression and dispel the myths surrounding it.
2. Provide people at risk of depression with the skills to prevent depression.
3. Encourage early detection of depression by people with depressive symptoms, their families and friends.
4. Encourage positive, prompt and appropriate help seeking behaviour in people with depression or depressive symptoms.
5. Support health providers in the recognition and management of depression.

The views and information presented in this package were developed from the experiences gained throughout the Depression • Spot • Seek • Solve Pilot Project (Barraba NSW, 1999 - 2001).

The Depression • Spot • Seek • Solve CD-ROM Package Consists Of:

Pilot Project Report – Details of the Depression • Spot • Seek • Solve Pilot Project undertaken in Barraba, NSW (1999 – 2001).

Manual – A step-by-step explanation of each stage in the project's planning, implementation and evaluation. Includes resource materials for each stage of the project including meeting agendas, letters, media releases and presentation outlines.

Community Education Package – A presentation package containing background information, overheads and handouts to provide education about Depression and the Depression • Spot • Seek • Solve project.

Information Kit – Information handout providing an overview of depression, and the Depression • Spot • Seek • Solve project.

Examples of Depression•Spot•Seek•Solve Printed Resources – Depression in Men posters and magnet, brochure and Gingerbread Information Cards.

CD-ROM Package User Survey – A series of three surveys to be completed by users of the Package, to assist in evaluating the effectiveness of this resource.

Copies of the CD ROM are available at a cost of $55 (GST included) each. For further information and an order form please contact:

Area Mental Health Promotion and Prevention Service,
New England Area Health Service –
PO Box 83,
Tamworth, NSW 2340
Tel: (02) 6768 3895
Fax: (02) 6766 4923
Email: awalters@doh.health.nsw.gov.au or
tcook@doh.health.nsw.gov.au

Chronic Disease Self Management (CDSM) Project - SA

The Project Aims

The CDSM project is an exciting and innovative initiative seeking to learn about how self-management can influence the lives of persons with chronic mental and physical conditions. The project is also seeking to bring together mental health consumers and health professionals, throughout the Southern region of South Australia, to explore how self management approaches can become a sustainable part of everyday service delivery throughout the health sector.

Project Partners

The project is funded by the Department of Human Services and is a joint partnership between the Southern Region Consumer Advisory Groups (SRCAGS), the Divisions of Mental Health of the Flinders Medical Centre (FMC) and the Noarlunga Health Services. The Flinders University Coordinated Care Training Unit (CCTU) has provided training in the use of generic self management principles and the project tools. Other project stakeholders include the Southern Division of General Practice, the Second Story, a Division of the Child and Health Youth Service and the Mental Health Alliance. All of these organisations are members of the CDSM Steering Group, which is responsible for the overall management of the project.

Self Management and CDSM Clients

The project is applying a range of tools, developed by the CCTU, that assist participants to identify their self management needs and match these with suitable interventions. The majority of those enlisted are participating on a one to one basis with their health professional; however, the project also offers the option of participation in structured, peer led self management groups. The CDSM self management model seeks to complement medical treatment and rehabilitation primarily through participants actively linking with community resources to increase their self management skills.

Consumer Involvement in the CDSM Project

A fundamental aim of the CDSM project is to involve consumers in all aspects of its development, implementation and evaluation. As well as SRCAGSs representation on the project steering group, the project has employed 6 peer educators to work closely with consumer participants. The project has also employed a Consumer Consultant, Trevor Parry, to support the work of peer educators.

Current Status Of the Project

Since April 2002 almost 40 mental health consumers have enlisted in the CDSM project and are fully participating through self management care plans. While it's too early to present an overall profile, what's emerging from some of the participants who have been involved in the project for over 3 months, is promising qualitative feedback highlighting the following common themes:

- increased involvement in the local community
- improved management of symptoms and emotions
- increased awareness of effective self management
- increased sense of self esteem and motivation

Health professionals are reporting that the use of the project tools is enhancing their awareness of the overall condition and circumstances of the client and positively challenging their assumptions about the client's level of chronicity.

In terms of group involvement, a Noarlunga based, peer led self management group commenced in early September. At this early stage, most of the participants have embraced the group setting (some among the participants have been experiencing prolonged periods of social isolation) and are actively pursuing their self-defined goals, through self management action plans.

For further information about the CDSM mental health project, please call Mick Urukalo on:

Tel: (08) 8384 9599 or
Email: urukalo.mick@saugov.sa.gov.au

BOOK & OTHER RESOURCE REVIEWS

Implementing Early Intervention In Psychosis: A Guide to Establishing Early Psychosis Services

Jane Edwards & Patrick McGorry

Publishers: Martin Dumitz, Hampshire, UK, 2002.

The purpose of this book is to provide a guide to establishing early psychosis services within the broader context of public mental health services. It essentially describes the work of the authors and their colleagues in establishing the Early Psychosis Prevention and Intervention Centre (EPPIC) in Melbourne, Australia. It is aimed at a wide audience of professionals who work in the mental health area. It deserves to be read by everyone working with people who suffer from psychotic phenomenon and illnesses. I regard the book as essential reading, but it needs to be read critically.

It consists of nine chapters and three appendices. There is a useful but selective reference list. The first chapter provides the rationale for an early intervention approach to psychoses. The following three chapters give an overview of the structure of early psychosis services based on the EPPIC model which itself is so described in detail in chapter 5. The following chapters deal with strategies to create early psychosis services in the hard world of a competitive health dollar. Later chapters give very useful descriptions of a number of programs that have been developed overseas. Overall, these approaches are still in the experimental stage, but it is extremely useful to have references to them brought together in this handbook. The final chapter presents a consensus view of the nature of early psychosis programs that amounts to a manifesto.

Appendix 1 provides a guide to psycho-educational resource materials. Appendix 2 provides a summary of recommendations of clinical guidelines taken from the New South Wales Health Department's Centre for Mental Health.

Despite its importance as a guide for developing early intervention services, this handbook has its limitations, and I want to mention some of these, as, in such a contagiously enthusiastic book, they need to be taken into account by the reader.

When placed alongside such classics of the literature on schizophrenia as Arieti's deep analysis of the world of psychosis (Interpretation of Schizophrenia, Crosby Lockwood Staples, London, 1974) it is not difficult to see an important missing element from this handbook. It is the voice of the people suffering from these conditions. Their views are really not heard. Nor are there other consumer views about the service. The families and carers are largely relegated to the background. While this may be understandable given the authors are very much concerned with arguing their case for setting up their kind of service, the absence of consumers, families and carers to new service development is really not appropriate in this day and age.

Although the book deals mainly with young people at a point of personal breakdown, it is notable that developmental aspects are only occasionally mentioned. There is very little about families of origin, growing up, and disappointingly little about the way people arrive at the point of breakdown. In particular the psychosocial context of adolescence is missing, both as a causative influence and as providing intervention targets (I cannot find the words 'school' or 'workplace' in the index or the text). One wonders how the service deals with these issues (as they must, in real life). It would be helpful in following editions if the authors could expand on these aspects.

This handbook places some emphasis on intervention during the so-called prodromal period of psychotic illness. I am not sure whether the authors sufficiently emphasise the controversial nature of this approach, such as the problems of identification of the 'prodrome' or the potential dangers of interventions in the absence of established illness. I think the book would have been further enriched by an approach that looked more critically at these aspects.

Despite these caveats, this is an extremely useful book. It has been difficult for the authors to find an acceptable level of detail and complexity to satisfy all potential readers and for this reason is, at times, difficult to read. It would be very valuable to provide a companion volume for consumers and carers. The authors might consider this.

Australia has a fine record in developing early intervention approaches in health – perhaps one of our unsung scientific achievements and one that has proved highly exportable. Mental health is no exception to this and the Australian Government and the Australian Health Ministers deserve credit for their farsighted approach in encouraging early intervention approaches. The EPPIC team has made a very significant contribution and it is good to have this descriptive account of their work and the components of their program. I highly recommend this guidebook to those in Australia and overseas who are working in early intervention in the mental health field.

Emeritus Professor Robert Kosky
Adelaide University • rkosky@bigpond.com

AMIGOS
Addressing Mental Illness and Giving Others Support

Resource Package

A new resource package has been developed that provides information for health professionals about how to establish comprehensive peer support for mental health. The package includes a video, which gives an overview of the project as well as a dramatised piece written by one of the members of the community support group. The package also includes a booklet which gives practical step by step descriptions of the AMIGOS project and a CD-Rom where Peter and Tim tell of their experiences with a mental illness.

The AMIGOS project was originally developed by the Second Story Youth Health Service (Adelaide), a division of Child and Youth Health in 1997. Funding for the project was provided by the Department of Human Services. The project came about as a result of the significant numbers of young people accessing the southern Second Story service with health issues associated with a mental illness. These young people talked about their isolation and loss of connection with their community, loneliness and loss of social skills and reported that their only community contacts were visits to mental health services or youth services for crisis and/or clinical treatment.

The AMIGOS project works within a primary health care and health promotion framework in partnership with key service providers, organisations and young people who have experienced a mental illness. Young people who take part in the project are provided with specialist peer education training opportunities and are encouraged and supported to take on activities within the project. At all times the level of comfort of the peer consultants is an overriding consideration and is vital to the success of participation.

The activities listed below are key activities within the project:

- Community Education
- Health Professional Working Parties
- Hospital Visiting
- Support Groups

AMIGOS has enabled young people who have experienced a mental illness to continue living their lives to the fullest. Increasing numbers of young people continuing and moving on in their lives have demonstrated this.

The young people learn how to manage their illness and participate more fully in their communities. The AMIGOS support group is facilitated by a Peer Educator, the Project Coordinator and a Child and Adolescent Mental Health Service staff member who joined the group in 1999.

Reflections from a young person who has benefited from AMIGOS

Emma, an AMIGOS participant best describes what changes can occur:

I'm taking this opportunity to describe my experience of the AMIGOS project and what it has meant to me to have peer support while I was experiencing and recovering from a mental illness.

For someone such as myself living with a mental illness, AMIGOS became for me a cornerstone to building a 'normal' life.

AMIGOS has been 'The Second Story' in my life since I became unwell, like a building with three levels. I began on the ground floor. Lost in mental illness, searching for understanding, support friendship and a future. Then I was told about a small group of young people. All trying to live life whilst being unwell. All seeking the right path. But they weren't alone in their personal wars – they had each other.

This is AMIGOS – Addressing Mental Illness and Giving Others Support.

At the 'second story' the second level of my new life – my future. I have been attending AMIGOS fortnightly since late 1998, and from the first afternoon, I was warmly welcomed by the AMIGOS, the workers and the peer support consultants. I was made to feel confident that I had made the right decision to attend and that support would be available to me as I needed it.

This is where the peer support consultants played an enormous role. They taught me through their confidence, knowledge, partnership and vision, that there was a road less travelled – so much the professionals need to know and that we could teach them. And most certainly a light at the end of the tunnel.

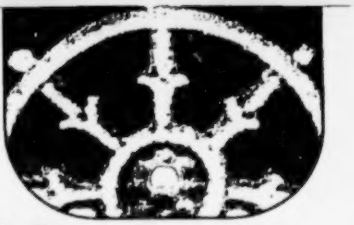
All this I needed and wanted to experience and to make other consumers aware of this opportunity. Thank you to the peer consultants for what they have done for me. I will remain eternally grateful.

This is the third level of my building – the moving on stage. Numerous people I have met and come to know from the support group in the past few years have reached this stage and have now moved on to new things such as schooling, TAFE, university and the work force. I am now one of them. Although I am studying at TAFE full-time, I continue to attend AMIGOS. I feel I have learnt so much and can support others. Empathy is a form of partnership, and the greatest weapon in the battle of living with a mental Illness.'

Emma September 2001

An order form for the AMIGOS Resource Package can be obtained through Child and Youth Health by Fax: (08) 8303 1656. The package costs $70.00 plus gst, postage and handling.

ON THE WEB:
Reviews & Other Sites



Web Site Reviews

Sites Of Interest:

Community Building: Communities Growing Together
www.dpc.vic.gov.au/communitybuilding/seminarseries2002
Info about the seminar series being presented around Victoria that focuses on possible community building models, skills development, lessons learned, and evaluation.

Big hArt
www.acmi.net.au/bighart
Big hArt is an award winning non-profit organisation which pilots arts based projects to re-engage marginalised young people with their communities.

School Focused Youth Service
www.sfys.infoxchange.net.au
Targeting young people between 10 and 18 years of age, the service works with the education, health and welfare sectors to enhance the physical, mental and social-emotional wellbeing of children and adolescents at primary and secondary schools.

Bullying: No Way!
www.bullyingnoway.com.au
Finding workable solutions for countering bullying, harassment and violence in schools.

Council for Aboriginal Reconciliation: Reconciliation and Social Justice Library
www.austlii.edu.au/au/special/rsjproject/rsjlibrary/
The Library includes significant documents concerning reconciliation and social justice, most of which are not otherwise available via the internet.

Social Entrepreneurs Network (SEN): *www.sen.org.au*

The network describes itself as 'a mutual learning and support network for people who are thinking and acting entrepreneurially in strengthening communities and creating wealth for all, especially those who are disadvantaged.'

SEN is based in north Melbourne but the web site carries information from around the country. The site has in-depth information about the nature and aims of social entrepreneurship with examples presented in projects, regions, people and news sections.

The projects themselves are plentiful and varied, and can be viewed by subject, region, mentoring or funding.

Numerous resources, in the form of conference papers, speeches, papers and reports, media articles and a 'how to' manual, are downloadable from the site.

The site is presented in tabloid style that some may find a bit 'busy', but with the range of information presented, it really is worth spending the time becoming familiar with the navigation and content.

Mission Australia: *www.mission.com.au*

Working from the premise that 'strong people contribute to a solid community to create a strong society', Mission Australia is involved in community support, research, and advocacy.

The site is divided into areas of 'who we are', 'what we do' and 'what you can do'. It's a clear and easy site to move around in, and presents a good range of information especially in the area of social policy research.

Resources available from the site take the form of advocacy statements, occasional papers and snapshots. They are published under the main headings of

- Youth issues
- Families and children
- Employment
- Homelessness
- Community building and
- Social issues.

Age Concern New Zealand: *www.ageconcern.org.nz*

A not-for-profit, charitable organisation, dedicated to promoting the quality of life and wellbeing of older people.

Age Concern has information, resources and services related to its work in promoting the quality of life of older people, and advocating for an inclusive society for people of all ages and cultures.

Online resources include the workbooks from the 'Ageing is Living' program that can be used by individuals or in group workshops.

Although based in New Zealand this site has general information relevant to older people and those caring for them. Persevere through the many menus.

Preliminary Conference Announcements

Suicide Prevention Australia's Annual National Conference

FINDING MEANING TO SUSTAIN LIFE: THE PLACE OF SPIRITUALITY IN SUICIDE PREVENTION

June 12th – 15th, 2003, Brisbane Convention and Exhibition Centre, SouthBank, Brisbane, Queensland.

With this conference we seek to examine a topic not often talked about in multidisciplinary therapeutic circles – the issue of spirituality and how it might be used to assist recovery from depression and suicidal behaviours. There is increasing evidence of the importance of spirituality as central to holding some people to life. There is also evidence from therapy that surprising numbers of people have a spiritual belief that helps to provide meaning for their life. This belief does not necessarily have to be attached to religious belief.

The conference will reflect on research, practice and belief. It should be of interest not only to psychiatrists, psychologists, social workers, nurses, therapists of a range of persuasions, but also to teachers, religious leaders from many ethnic and faith backgrounds.

We seek scientific papers, reports and posters on the widest range of topics to do with suicide prevention, but are keen to address the central theme.

A major part of this conference will be to work with Indigenous people and to enhance our understanding of Indigenous spirituality.

We encourage and welcome consumers, carers and others affected by loss through suicide, and our tradition of a Healing Service will be an integral part of the conference.

LOOK OUT FOR THE CALL FOR PAPERS

Conference Convenor, Graham Martin
Tel: (07) 3365 5098
Email: g.martin@uq.edu.au

Internet, Media and Mental Health International Conference

August 28th – 31st 2003, Brisbane Convention and Exhibition Centre, SouthBank, Brisbane, Queensland.

NOT YOUR AVERAGE CONFERENCE WHEN THE STARS COME OUT TO TELL!

This exciting and novel conference will address a wide range of issues seeking to understand the confluence between media and the internet, internet and mental health, and mental health and media.

- Retrieval Systems
- Internet 2
- Broadband Technologies
- Training on the Net
- Virtual Reality
- The Impact of Viruses and Techno-terrorism
- New Technological Developments in the Web
- Newspapers and Mental Health
- Magazines and Mental Health
- Television and Mental Health
- Film and Mental Health
- Mainstream Health and Alternative Health
- Streamed Video
- Videoconferencing and Telemedicine
- The Development of New Hardware to Improve Communication
- Assessment and Self Therapy Through the Web
- eHealth
- Research About Media and Mental Health
- Hollywood and Health
- Mental Health Professionals in Film
- Research About Internet and Mental Health
- Protecting Hardware Systems
- Protecting Rights
- Stalking on the Net
- Privacy and the Media
- Privacy and the Internet
- Stigma and the Internet
- Internet Addiction
- Email and Mental Health
- Spam and Mental Health
- Blocking Access For Children to Certain Sites
- The Wired School
- Teaching Health Utilising Technology
- The Impact of Imagery Available Through the Net
- English as the Lingua Franca of the Net
- Other Language Availability on the Net
- Asia Pacific utilisation of the internet
- Recovery from Trauma Through Relationships on the Net
- The New Relationships
- Developing Intimate Relationships on the Net
- Pornography and the Net
- Hacking and Health
- Policing the Net Internationally
- Governmental Influence and the Net

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Email: g.martin@uq.edu.au

Conference List:
Dec 2002 - June 2003

Mental Health from a Lifespan Perspective. The Australasian Society for Psychiatric Research Conference
5 December 2002 to 6 December 2002
Canberra, Australia
For further information:
Helen Christensen
Centre for Mental Health Research,
The Australian National University,
Canberra, ACT 0200
Tel: (02) 6125 2741
Fax: (02) 6125 0377
Email: helen.christensen@anu.edu.au
W/: www.anu.edu.au/aspr/site/sub_main.htm

Mental Health: La Trobe Health Sciences' Initiatives
9 December 2002
Bundoora, Victoria, Australia
For further information:
Ms Natalie Humphries
Tel: (03) 9479 3573
Email: n.humphries@latrobe.edu.au

Education and Social Action 2002
11 December 2002 to 13 December 2002
Sydney, Australia
For further information:
Centre for Popular Education,
UTS, PO Box 123, Broadway, NSW 2007
Tel: (02) 9514 3843
Fax: (02) 9514 3939
Email: cpe@uts.edu.au
W/: www.cpe.uts.edu.au/forums/2002conf.html

Mental Health from an Indigenous Perspective
10 December 2002 to 12 December 2002
Coolangatta, Australia
For further information:
Indigenous Events Management
PO Box 761, Proserpine, QLD 4800
Tel: (07) 4945 7233
Fax: (07) 4945 7244
Email: indigenousevent@austarnet.com.au

COMIC (Children of Mentally Ill Consumers) 'Crossroads' Conference
18 February 2003
Adelaide, Australia
For further information:
Nerrelle Goad, Paola Mason
Email: comic.admin@bigpond.com
Web Site: www.angelfire.com/home/comic

Helping Families Change Conference 2003: From Clinical Trials to Population Health
19 February 2003 to 21 February 2003
Sydney, Australia
For further information:
Parenting and Family Support Centre
School of Psychology, The University
of Queensland Brisbane, QLD 4072
Email: hfc@triplep.net
W/: www.triplep.net/04_training/traning.htm#HFC

World Federation for Mental Health Congress 2003
21 February 2003 to 26 February 2003
Melbourne, Australia
For further information:
Congress Secretariat,
ICMS Pty Ltd, 84 Queensbridge St,
Southbank, VIC 3006
Tel: (03) 9682 0244
Fax: (03) 9682 0288
Email: wfmh2003@icms.com.au
Web Site: www.icms.com.au/wfmh2003

7th National Rural Health Conference: 'The Art and Science of Healthy Community – Sharing Country Know-how'
1 March 2003 to 4 March 2003
Hobart, Australia
For further information:
The 7th National Rural Health Conference,
PO Box 280, Deakin West, ACT 2600
Tel: (02) 6285 4660
Fax: (02) 6285 4670
Email: conference@ruralhealth.org.au
Web Site: www.ruralhealth.org.au

Beyond the Rhetoric In Early Intervention Bridging the Gap Between Education, Health, and Crime Prevention
26 March 2003 to 28 March 2003
Adelaide, Australia
For further information:
Conference Coordinator,
Beyond the Rhetoric in Early Intervention
Conference, Crime Prevention Unit,
Attorney General's Department,
GPO Box 464, Adelaide, SA 5000
Tel: (08) 8463 4098
Fax: (08) 8204 9883
Email: underdown.judy@agd.sa.gov.au

Boys to Fine Men: School and Community Partnerships
27 March 2003 to 29 March 2003
Newcastle, Australia
For further information:
Tulips Meetings Management,
PO Box 116, Salamander Bay, NSW 2317
Tel: (02) 4984 2554
Fax: (02) 4984 2755
Email: boys@pco.com.au
Web Site: www.pco.com.au/boys2003

Mind Body Soul: An Integrated Approach to Trauma. Australasian Society for Traumatic Stress Studies Annual Conference
31 March 2003 to 3 April 2003
Hobart, Australia
For further information:
Convention Wise, Mures Building,
Victoria Dock, Hobart, TAS 7000
Tel: (03) 6234 1424
Fax: (03) 6231 5388
Email: mail@conventionwise.com.au
Web Site: www.astss.org.au

Our Children The Future 3
1 May 2003 to 4 May 2003
Adelaide, Australia
For further information:
Neville Cichon
Tel: (08) 8226 9548
Email: octf@saugov.sa.gov.au
Web Site: www.octf.sa.edu.au/octf

The 4th International Conference on Drugs and Young People 2003
26 May 2003 to 28 May 2003
Wellington, New Zealand
For further information:
Conf. Secretariat, Aust Drug Foundation,
PO Box 818, North Melbourne, VIC 3052
Fax: (03) 9328 3008
Email: events@adf.org.au
Web Site: www.adf.org.au

For more information about conferences, please look at the Auseinet web site at: www.auseinet.com/links/diary/

Publications Order Form

Auseinet has released a range of publications. They are available on our web site and can be downloaded. Alternatively they can be purchased from the Auseinet office or ordered on our web site. We also have available two videos which can also be purchased (details below).

EARLY INTERVENTION BOOKS

Model projects for early intervention in the mental health of young people: Reorientation of services. A guide for professionals and health administrators considering reorienting their own service.

Early intervention in the mental health of young people: A literature review.

CLINICAL APPROACHES SERIES

'Clinical approaches to early intervention in child and adolescent mental health' is an edited series aimed mainly at health professionals who work with young people, but may be of interest to others. Each volume in the series is a stand-alone document.

- **Early intervention for anxiety disorders in children and adolescents**
- **Attention deficit hyperactivity disorder in preschool aged children**
- **The perinatal period; Early interventions for mental health**
- **Early intervention in conduct problems in children**
- **The psychological adjustment of children with chronic conditions**

VIDEOS

"Youth Suicide: Recognising the Signs" – An instructional video toward the danger signals when dealing with young people, providing practical advice on how best to approach them. A video for school counsellors, health professionals, youth workers.

"Out of the Blues: A Video about Young People and Depression" – A training package providing examples of how young people may present and the various treatment approaches that can help.

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See details overleaf for ordering.

Publications Order Form

AUSEINET: The Australian Network for Promotion, Prevention and Early Intervention for Mental Health.
Postal Address: C/- Southern CAMHS, Flinders Medical Centre, Bedford Park, South Australia 5042.
Telephone: (08) 8404 2999 • **Facsimile:** (08) 8357 5484
Email: auseinet@flinders.edu.au • **Web Site:** www.auseinet.com

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The psychological adjustment of children with chronic conditions	$16.50		
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Welfare: ☐ Child, Youth or Family Services ☐ Drug & Alcohol ☐ Other ______

Corrections: ☐ Juvenile ☐ Adult ☐ Other ______

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